NEW YORK STATE | Department of Health | Office for the Aging | Master Plan for Aging

August 28, 2023

Honorable Kathy Hochul
Governor
State of New York
State Capitol
Albany, New York 12224

Dear Governor Hochul:

As Chair and Vice Chair of the Master Plan for Aging, we are pleased to present this preliminary report offering a progress update on the State's Master Plan for Aging, in accordance with State Executive Order No. 23.

The State's designation in 2017 as the nation's first Age-Friendly state was New York's first step toward helping individuals age with dignity and independence. Through your leadership to advance a State Master Plan for Aging, we are now building on that foundation to elevate our State's status as the most inclusive state for older adults, caregivers, persons with disabilities, and future generations.

The Master Plan for Aging's State Agency Council and Stakeholder Advisory Committee have brought together over 350 experts to address core issues of importance to all New Yorkers as they age. Their work to date is documented in this report and framed by ten thematic, organizing pillars. For each of these organizing pillars, the report presents goals and potential solutions for consideration in later stages of the Master Plan for Aging process. The preliminary solutions put forth herein will continue to take shape and inform short- and long-term strategies that will be documented in future reports for your review.

We thank you for your leadership on this important initiative.

Sincerely,

Adam Herbst, Esq.
Chair, Master Plan for Aging
Deputy Commissioner
Office of Aging and Long Term Care
New York State Department of Health

Greg Olsen
Vice Chair, Master Plan for Aging
Acting Director
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Enclosure

Preliminary Report

of the New York State Master Plan for Aging

NEW YORK STATE | Master Plan for Aging

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Executive Summary

This preliminary report is the first progress report on the development of New York State's Master Plan for Aging (MPA). The report summarizes the factors leading to the creation of the MPA, the structure and organization of the MPA, the MPA's procedural milestones and their target completion dates, and the topical foundations (known as "pillars") that will support the ongoing work of and future recommendations from the MPA.

Since Executive Order No. 23 was signed by Governor Kathy Hochul on November 4, 2022, the New York State Department of Health (DOH) in partnership with the New York State Office for the Aging (NYSOFA) have assembled subject matter experts and partners from across the State to advance the important work of the MPA, which is to put forward a comprehensive set of recommended policies and programs that will ensure all New Yorkers can age with dignity and independence.

As of the writing of this report, this undertaking has resulted in:

- assembling **351 total members**, representing experts from the fields of aging, medicine, transportation, technology, housing, organized labor, home care, State and local government, and more. To ensure inclusivity in the MPA's recommendations, these representatives include members from historically disadvantaged or underserved groups including BIPOC (Black, Indigenous and People of Color) communities, rural communities, and the disability community, among others; and

- convening **309 total meetings** as of the writing of this report and scheduled through the end of August 2023. These meetings serve to advance the goals of the MPA and work toward the development of a final set of recommendations. Meetings include:

    - 5 State Agency Council meetings with the MPA's 22 State agency and government partners;

    - 5 Stakeholder Advisory Committee meetings;

    - 36 subcommittee meetings, representing the work of 8 subcommittees discussed herein; and

    - 263 workgroup meetings, representing the work of 32 distinct workgroups.

While much has been accomplished to date, this preliminary report represents only a point in time of the MPA's progress, and recommendation development will continue to take place in regular meetings held by the MPA's members. To that end, the MPA's organizational pillars discussed herein set forth initial ideas to assist members in identifying and articulating the challenges to older adults aging with dignity and independence, centered around the ten pillar themes, and what the keys to resolving those challenges will be. The pillars will continue to

serve as a reference to orient and shape the future policy recommendations arising from the MPA's eight subcommittees and each of their subject-specific workgroups.

Throughout this process, DOH and NYSOFA will continue to provide updates on the MPA's progress. Key milestone dates set forth in Executive Order No. 23 will include an interim report due by January 2024, a final Stakeholder Advisory Committee report due by July 2024, and the final Master Plan for Aging due in January 2025.

Introduction

On November 4, 2022, Governor Kathy Hochul signed Executive Order No. 23 - Establishing the New York State Master Plan for Aging (the "EO"), led by the New York State (NYS) Department of Health ("DOH") and the NYS Office for the Aging ("NYSOFA"). The EO provides a process for drafting guidance for the NYS Master Plan for Aging (the "MPA") and is the first step towards building a comprehensive roadmap for meeting the needs of all New Yorkers as they age.

Building on New York State's status as the first state in the nation to officially receive AARP's age-friendly designation, the MPA aims to help coordinate existing and new state policies and programs for older adults and their families, while also addressing challenges to aging with dignity and independence. Accordingly, the MPA seeks to improve and address: communication, coordination, caregiving, service disparities, wellness, community design, long-term care financing, care models and programs that support healthy longevity and community engagement.

This preliminary report summarizes the factors leading to the creation of the MPA, the structure of the MPA process, and the procedural milestones to be reached by that process. This report concludes with a framework for guiding the development of proposals over the next year and the agendas that the workgroups are developing to engage with their subject issues.

The MPA will provide a comprehensive set of options to be considered by the Governor that could help build and improve systems of services and supports for aging and long-term care. Recommendations will be organized around short-, medium- and long-term goals, and take into account urgency, impact, fiscal implications - including return on investment, and challenges to implementation, as well as the ability to advance key priorities. Recommendations will include legislative and regulatory proposals at the state and local levels, as well as proposals for public-private partnerships. This ensures a commitment at every level to engage society in rising to meet the challenges and opportunities of ensuring New York's future as an outstanding place to grow up and grow old - a community that rises to the moral obligation of caring for its most vulnerable members.

The MPA process is intended to examine and address the experience of aging in New York, including factors in early life that impact a person's physical, mental, financial and social health during later life stages. Governor Hochul's stated goal for the MPA is "to ensure older New Yorkers can live fulfilling lives, in good health, with freedom, dignity and independence to age in place."[1]

The MPA process will accomplish this in two ways: generating policy proposals and serving as a forum for stakeholders to provide input and build consensus around the proposals they are developing. Accordingly, the MPA process has engaged a spectrum of NYS agencies

[1] Exec. Order No. 23, Pg. 2, (2022) https://www.governor.ny.gov/executive-order/no-23-establishing-new-york-state-master-plan-aging

that can be found in Appendix C. The range of non-governmental stakeholders includes, but is not limited to, representatives from organized labor, researchers in medical and non-medical fields, leaders of community organizations, and executives of businesses engaged in home care, real estate services, transportation, and technology; a list of these stakeholders can be found in Appendix B. Extra care has been taken to ensure the MPA process includes voices from BIPOC (Black, Indigenous and People of Color) communities, rural communities, the disability community, and other historically disadvantaged or under-served groups.

In the first six months of its operations, the MPA governing bodies have convened, as directed by the EO, created and populated the eight subcommittees intended to do the bulk of the drafting of the MPA, and began a series of initiatives to solicit public engagement in the process. The subcommittees, in turn, have established workgroups to focus on specific topics recommended by their members. As of the issuance of this preliminary report, the subcommittees and workgroups have developed lists of issues to be reviewed and discussed as a part of this process.

Early on, several topics were repeatedly raised during subcommittee and workgroup discussions – these issue areas have been turned into a series of pillars to guide the next year of MPA work. The subcommittees and workgroups have also begun to generate ideas that will be further developed into formal proposals for inclusion in the final report. The pillars and a selection of associated ideas are discussed in this report. It is important to note, however, that the challenges and possible solutions listed within each pillar represent a snapshot in time of potential, early-stage ideas to support New Yorkers as they age.

Public outreach efforts are underway. A website was created to provide background information and ongoing updates regarding the progress of the MPA. The first Town Hall was held in New York City on June 7, 2023, and additional Town Halls have been held in Albany (July 11) and Plattsburgh (July 12). Community engagement events, including Town Halls, will continue to take place throughout the State as the MPA is developed, including in Long Island, Buffalo, Syracuse and Rochester. An additional set of subject-specific round tables are being planned to engage with specific interest groups and communities. A public survey is planned for later in 2023.

The MPA process will not end with the issuance of the MPA in early 2025. The MPA is organized around 2-year, 5-year and 10-year benchmarks for implementing its proposals and for evaluating its success. Participants from government and stakeholder groups have been asked to continue their commitment to the process past the issuance of the final report, to ensure that the MPA remains dynamic and responsive to ongoing technological, community, social and demographic changes. The MPA website will be adapted to include a dashboard, allowing the public to monitor its progress and implementation.

Factors Leading to the Development of the MPA

Age Friendly Designation and Social Determinants of Health

In 2017, New York was the first state accepted by the AARP into their Network of Age-Friendly Communities, reflecting AARP's evaluation of New York as committed to addressing "the environmental, economic and social factors that affect the health and well-being of older

adults."[2] New York's enrollment followed a 2014 survey by AARP that found that "older New Yorkers would likely stay in the state as they age if improvements were made for them in health, housing, transportation and jobs."[3] Respondents were also concerned with "civic participation, employment and housing."[4]

In an earlier parallel effort, AARP and the World Health Organization (WHO) established the Eight Domains of Age-Friendly Communities, which set eight broad categories of factors defining the age-friendliness of cities. Following the AARP age-friendly designation, in 2018, New York State issued Executive Order 190 – Incorporating Health Across All Policies into State Agency Activities, which directs all state agencies to collaborate on the incorporation of the Prevention Agenda and the Eight Domains of Livability into all planning, procurements, and operations, where possible.

New York's age-friendly designations rested in part on DOH's Prevention Agenda, the State's public health blueprint that emphasizes the impact of non-medical factors on health outcomes. The comprehensive approach of the MPA regarding the holistic experience of aging is rooted in an evolving understanding by the research and caregiver community of the interconnectedness of medical and non-medical factors that drive quality of life and medical outcomes—the social determinants of health.

Extending these concepts, Governor Hochul's mission statement for the MPA directs the process to focus on elements of life driven by factors far beyond medical care. The EO includes references to preventive health care, home care, food and nutrition, human services, housing and transportation.

Prevention and Aging in Place

The Prevention Agenda serves as a conceptual framework for the MPA by drawing connections between early interventions and long-term benefits. With that relationship established, the MPA is able to draw on the recent consensus among medical and service providers: that prevention efforts are effective at both improving quality of life and ensuring efficient resource utilization in aging services and long-term care systems. Despite increasing longevity, recent trends have indicated a reduction of the "health span", or the portion of life spent in good health. Medical advances enable individuals to live longer with diagnoses of terminal and chronic diseases, often while relying on long-term services and supports. However, those advances have stopped significantly extending the period of a person's life without major illness or disability[5].

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[2] AARP (February 2018) New York Commits to Being Age-Friendly, AARP Livable Communities, https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2018/new-york-state-joins-aarp-age-friendly-network/

[3] *Id.*

[4] *Id.*

[5] Fried, L.P., Henry, M., Beard, J.R., & Rowe, J.W. (2023). Public Policy and Aging Report. Public health 4.0: Creating health for longer lives. Unpublished Manuscript.

Incorporating these prevention concepts into the MPA has the potential to reverse this trend and increase the number of years that older adults are able to live independently, be engaged in the workforce, and limit or delay costly acute and long-term care. Recent evidence indicates that complementary interventions by the public health system, medical care, and other sectors across society could be highly effective in preventing disease and lengthening health span to match the greater length of our lives.

That opportunity also aligns with what older adults want. New York is fortunate to be engaging in this process at this moment, given the convergence between the preferences of most older adults— to age in place— and the most efficient ways to deploy aging services and long-term care resources. Older adults prefer to age in their homes and communities rather than in facilities. A recent survey conducted by NYSOFA, yielding more than 26,000 responses from older New Yorkers (60+), indicated that respondents overwhelmingly regard their communities as good places to live and work, while a poll by the John A. Hartford Foundation indicates that 70% of older adults are unwilling to live in a nursing home.

Meanwhile, the new consensus across medical and service providers is that providing home care and non-clinical home and community-based services to help people age in place is advantageous for a variety of reasons, including the benefits to the older adults and their communities at large. A community-based approach has been shown to result in savings for health systems by reducing the need for costly acute care. Like aging in place, certain principles of community design and early interventions can improve quality of life, increase productive years, and reduce and delay costly care while aligning with what many older adults want: to live fulfilling lives, in good health, with freedom, dignity and independence, and to age in place for as long as possible.

Supporting the Most Integrated Settings for New Yorkers

The MPA was developed to enhance the lives and wellbeing of all New Yorkers over the continuum of aging. With this framing in mind, the MPA is cognizant of the cross-cutting issues between supports for persons who are aging and supports for persons who currently have, or may acquire in their lifetime, a disability, including the important objective for persons to live as independently as possible and reside in the most integrated settings.

New York State developed a comprehensive Olmstead Implementation Plan in 2013 that addressed four primary domains: housing, employment, transportation, and community engagement. New York's Olmstead Implementation Plan affirmed the State's position as a national leader related to the rights of individuals with disabilities. The oversight body for New York's work under the Olmstead Plan is the Most Integrated Setting Coordinating Council (MISCC), which is focused on four primary priority areas: housing, employment, transportation, and community engagement.

The MPA is building on foundations laid by the MISCC by ensuring that age friendly principles and the eight domains of livability (outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, work and civic engagement, communication and information, and community and health services) are incorporated into the MPA's design. The missions of the Olmstead Plan and the MPA are closely aligned, with both sharing the common goals to ensure that older adults and people living with disabilities across the lifespan are afforded the opportunity to live lives of inclusion and work, travel, and engage in their community of choice.

Disconnected Systems

The EO notes that a comprehensive approach is necessary to address, "access to affordable, suitable housing, transportation, the ability to age in place, mental health, isolation, ageism, opportunities for civic engagement and the prevention of elder abuse." The MPA requires a system-wide review to ensure all services and supports are studied and work towards interconnectedness in order to better serve older adults.

The MPA staff undertook a survey of the state offices and agencies that serve and/or interface with older adults. That survey asked participants to provide an inventory of all their programs and regulatory functions that impact older adults.[6] The survey results demonstrate that existing programs, services and regulatory functions for older adults have redundancies, gaps in coverage, and at times do not create a continuum of care across services. This is an area of opportunity that can be addressed via the MPA process.

Demographics

If structural changes are not advanced, current demographic trends will increase the strain on benefits, supports, service systems and community infrastructure, as the average age of the state increases. Currently, New York State has the fourth-largest population of older adults in the United States, with 3.8 million individuals over age 60. New York is also diversifying, with increasing heterogeneity in the older adult population, where 1 in 10 older adults over 65 in New York City were born in a country other than the United States. Older adults in New York are a critical part of the local and state economy, contributing 43% of state GDP ($719 billion), supporting almost 6 million jobs, generating $482 billion in wages and salary, and $72 billion in state and local taxes.

Key demographic trends include:

- By 2030, more than 25% of the population will be over the age of 60 in 51 counties across the state, with approximately 5.5 million New Yorkers aged 60-plus.
- Growth will primarily occur among older adults in communities of color, who are projected to increase by almost 17% for the over-60 population and by 44% for the over-85 population by 2050.
- Meanwhile, 70% of New Yorkers over the age of 65 are likely to need some form of long-term care.
- Long term care expenditures represent ~50% of the Medicaid budget and are the largest cost driver in the state budget.

Governor Hochul established the MPA to ensure that services and support systems are prepared for the impact of approaching demographic changes through prevention and community-based care reform.

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[6] The results of the survey have been assembled into a report, with a goal of having the report serve as a continuously updated resource cataloguing all NYS government programs and functions focused on older adults.

Creation of the MPA

Governor Hochul's November 2022 EO designates the DOH Commissioner of Health (or designee) as the chair of the MPA, and NYSOFA Acting Director (or designee) as the vice chair. DOH's designee as chair is Deputy Commissioner of the Office of Aging and Long Term Care, Adam Herbst. NYSOFA's vice chair is Acting Director Greg Olsen, with his designee NYSOFA Chief of Staff, John Cochran, representing the agency.

The EO directs the chair and vice chair to establish two governing bodies for the MPA process. The first is the MPA Council (the "State Agency Council"), which is composed of the leadership of agencies and offices across NYS government. As of the release of this preliminary report, the State Agency Council has 21 members, representing a broad selection of agencies overseeing programs and regulatory functions affecting older adults.

The second governing body is the Stakeholder Advisory Committee (the "Stakeholder Committee"), composed of stakeholders in the aging and long-term care ecosystem outside of government. As of June 2023, the Stakeholder Committee has 29 members, comprised of leaders from the private, not-for-profit, research and advocacy sectors.

The EO further directs the Stakeholder Committee to establish subject-specific subcommittees. The Stakeholder Committee has established the following eight subcommittees:

1. Long Term Services and Supports
2. Home and Community-Based Services
3. Formal Caregivers
4. Informal Caregivers
5. Safety, Security and Technology
6. Health and Wellness
7. Economic Security
8. Housing, Community Development and Transportation

The membership of the subcommittees includes members of the Stakeholder Committee and the State Agency Council, representatives from local health departments and Area Agencies on Aging (AAAs) from across the state, and additional experts and leaders from the aging and long-term care ecosystem. As of June 2023, there are 285 members of the MPA subcommittees. Membership is broad in geographic representation and individuals were invited to self-select into subcommittees and workgroups.

The Association Resource Group (ARG) was established to promote opportunities for older adults to live independently, enhance opportunities for community engagement and advance the age-friendly movement. Participants include, but are not limited to, those representing the aging services network, community based long term care supports providers across the care spectrum, as well as public and private community design professionals. The work done by the ARG aligns with MPA goals by advocating for policies and programs that better support older adults to remain in their communities of choice. For a complete representation of the MPA organizational structure, see **Figure 1**

Figure 1:

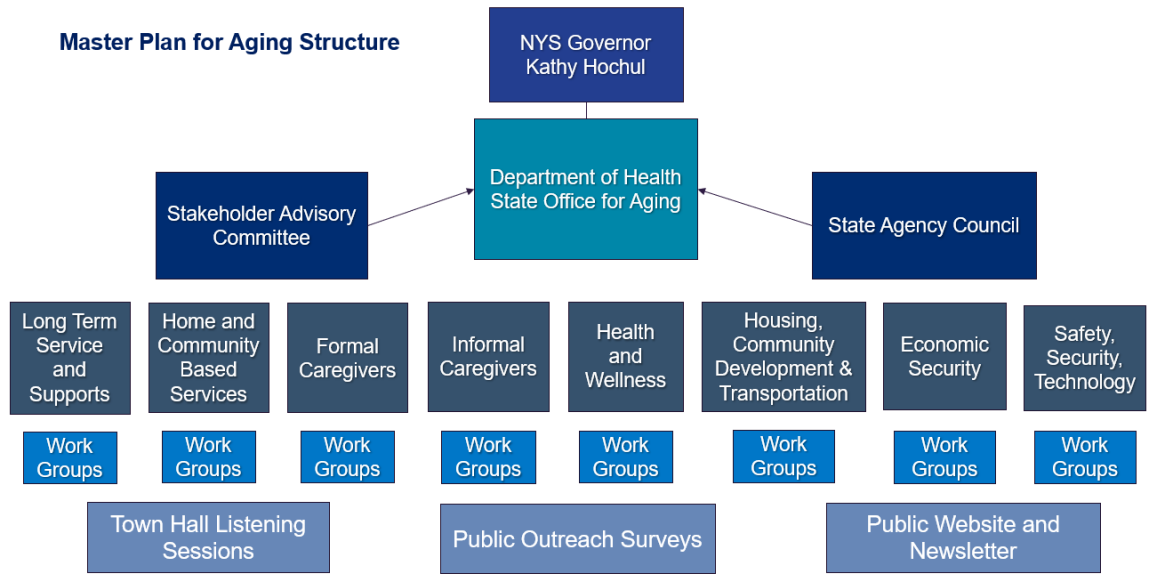

Figure 1: Master Plan for Aging (MPA) organizational structure

MPA Structure and Agenda

Each workgroup has a focus area and will meet regularly until their work is complete. Further, subcommittees are expected to meet at least once per month. Subcommittee meetings are used for workgroups to report on their progress and to discuss overlapping issues or general themes that touch each workgroup's subject matter. The subcommittee chairs meet monthly to coordinate their work.

The following is a list of the workgroups established by each subcommittee. A list of the issues that each workgroup intends to address in the coming year can be found at Appendix A. The full list of participants on the subcommittees and workgroups can be found at Appendix B, and a list of all State Agency Council members can be found at Appendix C.

Housing, Community Development and Transportation

- Housing
- Community Planning
- Transportation

Formal Caregivers

- Recruitment and Training
- Retention, Compensation and Benefits
- Scope of Practice and Job Structure

Informal Caregivers

- Caregiver Supports
- Kinship Caregiving
- Communications
- Finances

Economic Security

- Retirement Financing
- Benefit Programs
- Workforce Engagement

Long Term Services and Supports

- End of Life Care
- Levels of Care
- Person-Centered Navigation and Access
- Payor Structures
- Care transitions
- PACE
- Equitable Facility Transformation

Home and Community-Based Services

- In-Home Services
- In-Community Services
- Critical Partnerships and Systems Building

Safety and Security

- Financial exploitation, scams
- Abuse (physical, sexual, neglect, psychological)
- Guardianship/Alternatives to guardianship
- Technology Development and Access

Health and Wellness

- Promote and sustain physical and mental health, wellbeing and quality of life, including primary and secondary prevention and self-management of chronic disease
- Access to Medicare and Medicaid annual wellness and prevention benefits & communication to improve utilization

- Behavioral health and substance use disorders
- Cognitive health, Alzheimer's disease and other dementias
- Nutrition and food insecurity

Several themes have emerged across the subcommittees as overlapping challenges and solutions have been discussed. While not an exhaustive list, these common themes and the identified challenges therein include:

Addressing the workforce crisis, which encompasses a variety of interrelated issues. Identified problems include facility operating costs, rural and minority community service access, as well as ensuring sufficient training, compensation and professional development opportunities.

Improving communication regarding and coordination of benefits and resources. Programs could be simplified, and communications need to target their intended beneficiaries more effectively**.**

Lowering regulatory barriers to changing services, whether for workers or for healthcare entities. Challenges include enactment of inflexible state and federal rules that make it more difficult to respond to community needs and financial conditions.

Expanding awareness of ageism, ableism, and other biases impacting accessibility, service delivery, and resource inequality.

Targeting zoning and licensing relief for more gradations of independent and supported living. This core theme seeks to address issues of housing affordability, workforce efficiency, cost efficiency, service coordination, and social isolation.

Enhancing funding to support community-based care and services, which aims to bridge gaps between medical and community-based care models, including inadequate discharge planning to community or home settings.

Encouraging a streamlined licensure approach, which seeks to address gaps in opportunity for quality-driven community-based providers and organizations to obtain state licensure to provide health care services.

Target Measures

Subcommittees and workgroups have begun discussing how to measure the impact of implemented proposals. Both objective and subjective measures have been discussed. For example, these data points may include: the number of affordable senior housing units created, number of people employed in formal caregiving roles, workforce turnover rates or the adequacy

of information about benefit programs. To ensure ongoing development of measurable targets, MPA staff have provided subcommittees and workgroups a discussion framing tool to focus deliberations on producing proposals.

MPA staff are preparing an overview of potential metrics to track and serve as a resource for subcommittees and workgroups as proposals are formalized. These potential metrics reflect research addressing age-friendly principles. They also include proposals to collect data not currently available as well as data on hand.

MPA Timeline

The State Agency Council initially convened on December 7, 2022, and the first meeting of the Stakeholder Committee was on January 9, 2023.

Further meetings of the State Agency Council took place January 11, February 22, May 8, 2023, and August 8, 2023, and the Stakeholder Committee met February 22, April 20, June 6, 2023, and August 8, 2023. The subcommittees and workgroups also met on the dates indicated on the table in Appendix D.

The timeline for submission of the required reports for the MPA was triggered by the first meeting of the Stakeholder Committee. Accordingly, this preliminary report is due six months after the first meeting of the Stakeholder Committee (July 9, 2023). An interim report is due one year after that first meeting (January 9, 2024). The final report from the Stakeholder Committee is due eighteen months after the first meeting (July 9, 2024). The Master Plan for Aging is due two years after the first meeting of the Stakeholder Committee (January 9, 2025).

See **Figure 2** below for a complete timeline.

Figure 2

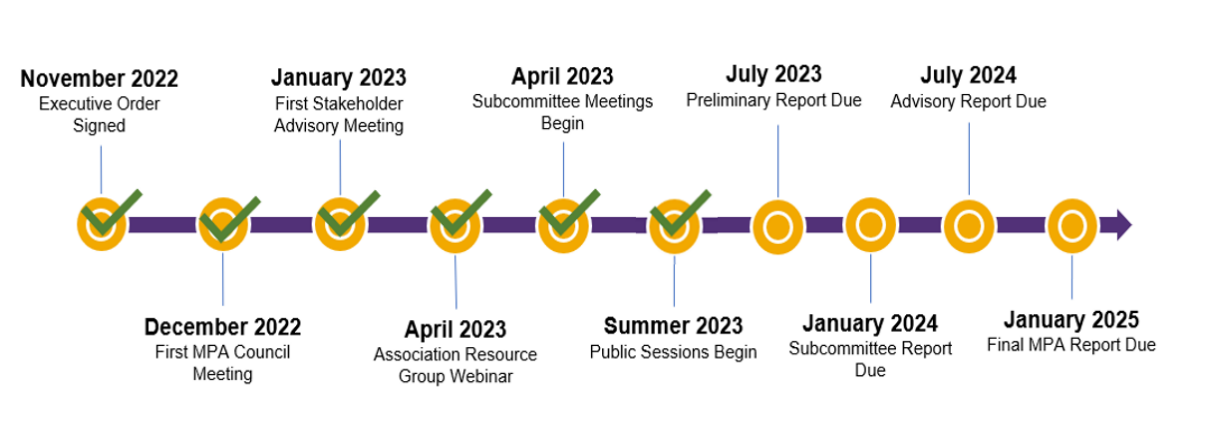

Figure 2: MPA timeline

The Pillars of Support for the MPA

In the first two months of subcommittee and workgroup meetings, a set of foundational pillars arose. Those pillars are listed below and will be used to focus conversations to ensure that the MPA process develops proposals to improve aging in New York. The pillars are:

1. Housing access and community planning

2. Informal caregiver and workforce support

3. Affordability of basic necessities for older adults

4. Access to services in and engagement with historically marginalized communities

5. Modernization and financial sustainability of healthcare, residential facilities, and community-based aging network service providers

6. Social engagement of older adults

7. Promoting health and access to services and supports in rural communities

8. Combating elder abuse, ageism, and ableism

9. Technology access and development

10. Prevention and wellness promotion and access

Looking forward, the subcommittees, through each of their workgroups, will work to develop a set of specific recommendations that are linked to each of these pillars.

Each pillar is summarized below, including outlines of **preliminary** proposals, which will be refined over the coming year. While some of the pillars align closely with specific subcommittees, most reflect issues that are being discussed across multiple subcommittees.

Organizing Pillar:
Housing Access and Community Development

Challenge: *Assuring access to affordable, secure housing, in a community with needed services, enabling older adults to age in place in the setting of their choice in the least restrictive, most integrated environment possible*

Who is affected: Older adults with limited mobility and/or other disabling conditions; older adults with low to moderate income; renters; families of older adults needing housing assistance; older adults who are constrained in their access to the community and services by virtue of restrictive community design; and communities with limited housing options for older members, particularly BIPOC communities (Black, Indigenous and People of Color).

Goals: A sufficient supply of accessible, affordable and middle-income housing in all communities reflective of the continuum of care needs; offering financial assistance necessary to enable low- and moderate-income individuals to access available housing; creating a clear, navigable process to access housing and supportive services if and when needed to maintain independence and dignity; community design that is human scale, people-oriented, and accessible for all members of the community inclusive of all abilities; and a process to connect older adults to their housing opportunities; and establishing integrated and contemporary community planning models, including those that take into account a changing environment and emergency preparedness needs

Keys to resolution: Zoning relief; construction financing; regulatory review; infrastructure development; expansion and replication of best practices from Downtown Revitalization Initiative efforts around collaborative planning to improve livability; transit-oriented development; transportation networks; and Fair Housing Act compliance

Potential solutions:

- Maximize utilization of existing supply, increase housing supply, and provide subsidies for efficient housing options
- Expand programs that combine zoning relief with the development of senior affordable housing, including market rate units to facilitate private sector subsidizing of affordable housing
- Grant zoning relief and as-of-right use approval for residential continuum of care communities

- Long term capital gain tax relief on sale of primary residence if moving to smaller primary residence
- Expand access to services and supports for older adults residing in senior housing – models include the federal Housing and Urban Development Section 202 Supportive Housing for the Elderly Program and the Naturally Occurring Retirement Community (NORC) model
- Consider other affordable housing options such as microhomes, long-term home sharing programs, accessory dwelling units, and expansion of models like the Village to Village Network sites and Downtown Revitalization Initiatives
- Programs that modify and adapt existing housing stock to enhance accessibility
- Rental and operating subsidies
- Planning support to encourage community design principles consistent with the 8 Domains of Age-Friendly Communities
- Design affordable and accessible housing for health with connection to others in order to decrease loneliness and isolation

Figure 3 demonstrates the need to support older New Yorkers regardless of their housing situation

Figure 3

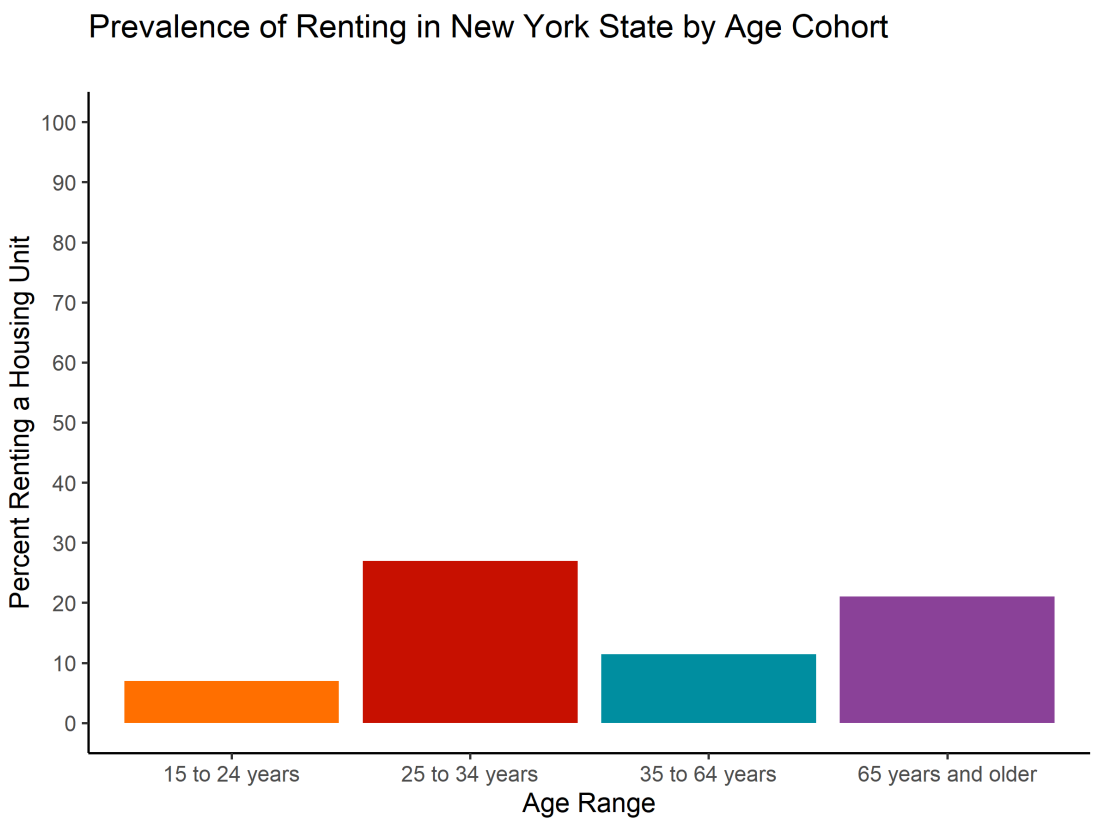

Figure 3: 21% of adults over 65 are renters, the second largest group of renters in New York State. This figure was generated from American Community Survey data, which is collected by the United States Census Bureau.

Organizing Pillar:
Informal Caregiver and Workforce Support

Challenge: *A shortage of workers in caregiving roles has led to services and supports becoming more expensive and less accessible.*

Who is affected: Older adults and others with disabling conditions who cannot find and obtain the services of home care aides; providers unable to recruit and retain qualified staff; willing workers who are unable to obtain the compensation, benefits and employment conditions necessary to meet their needs, and families under the financial and logistical pressures of caregiving.

Goals: Availability of skilled workers and paraprofessionals for all care settings; employment opportunities that meet the needs and expectations of willing workers; supports and systemic rules that facilitate informal caregiving, including the provision of training and programs to assist caregivers.

Keys to resolution: More flexible licensing, including need methodologies and certificate of need processes; expanded scope of practice; stackable credentialing and workforce development pipelines; establishing career ladders and other opportunities for advancement; mentoring programs; public-private partnerships linking education and training institutions to needed employment sectors; readily available training for certification or licensure; improved compensation and conditions of employment; programs of support for informal caregivers; legal systems and benefit programs supporting kinship caregivers.

Potential solutions: Optimize the current workforce with technology while making jobs more attractive with higher wages and expanded benefits in order to increase supply:

- Ease attainment of multiple certifications, e.g., Personal Care Aide (PCA), Home Health Aide (HHA), and Certified Nursing Assistant (CNA), to facilitate flexible employment options
- Support programs to improve the recruitment and retention of direct care workers
- Promote the creation of case-managed multidisciplinary teams that include non-medical supportive services to assist older adults to remain in their communities of choice for as long as feasible
- Increase the opportunities for Area Agencies on Aging (AAAs) to hire personal care aides directly to enable aging in place while preventing Medicaid costs
- Establish dedicated home care aide training for asylum seekers

- Empower informal caregivers by expanding NYSOFA's public campaign focused on self-identification and education about existing supports
- Enhance employers' understanding of the challenges faced by working caregivers and the linkages to supports and services available by expanding NYSOFA's Help for Working Caregivers initiative outside of government
- Streamline access to information regarding public benefits
- Identify opportunities within the continuum of care to support informal caregiving

Organizing Pillar:
Affordability of Basic Necessities

Challenge: *Older adults unable to afford basic necessities due to underemployment or unemployment and inadequate safety net programs.*

Who is affected: Older adults who cannot afford the basic requirements of daily life; older adults unable to work due to disability; older adults ineligible for public benefits; lack of appropriate training, ageism, and/or lack of opportunities; older adults who have depleted their savings due to costs of care; older adults without savings or insurance to pay for their basic needs.

Goals: Enhanced employment opportunities for older New Yorkers; financial assistance for older adults unable to afford the expenses of meeting their essential needs for housing, food, health care, transportation or other requirements of daily living.

Keys to resolution: Training opportunities; employment assistance; retirement planning education; improved benefit programs; affordable broadband access; information about programs and benefits that is accessible and easily navigated, and streamlined benefit program implementation.

Potential solutions: Support training opportunities and provide workplace protections to extend working years, and close gaps in safety net programs:

- Incentivize and facilitate training programs linked to employment for older adults
- Ensure access to community-based services and supports through the aging services network by eliminating waiting lists and facilitating service delivery to prevent further impoverishment
- Improve NYConnects as a one stop portal for all benefits and entitlements that individuals may be eligible for
- Create a public education campaign to promote the benefits and entitlements portal
- Eliminate the need for the recertification of benefits for older adults when their income status has not changed
- Develop a plan to support the long-term care needs of individuals who do not qualify for Medicaid
- Work with companies that are known for hiring older workers to formalize and replicate their programs as well as their recruitment and retention policies and practices

- Develop an employer “age friendly workplace” designation (e.g., Age Smart Employer Awards), for companies that are known for hiring older workers
- Simplify the benefit application processes and waive recertification for benefits, programs and supports for older adults so they do not lose benefits they are deemed eligible for and are receiving
- Develop strategies designed to assist older adults from impoverishing themselves as they seek access to supportive services provided through state and federally funded programs

Figure 4 shows that there are concentrated pockets of poverty for older New Yorkers both upstate and downstate.

Figure 4:

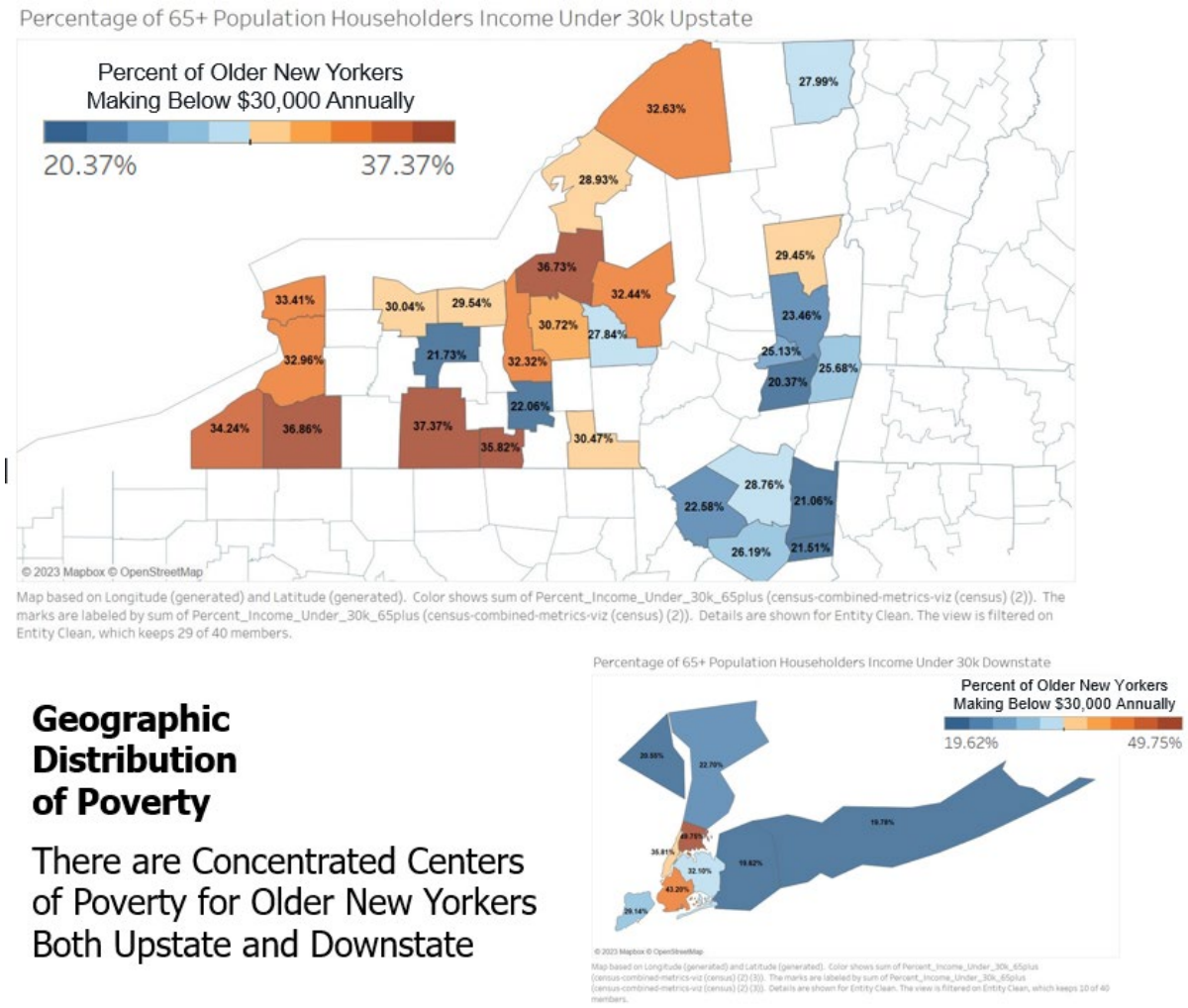

Figure 4: Concentration of poverty in both upstate and downstate counties of New York. This figure was generated from American Community Survey data, which is collected by the United States Census Bureau. Blank counties indicate no data was available.

Organizing Pillar:

Access to Services in and Engagement with Historically Disadvantaged Communities

Challenge: *Many historically disadvantaged communities, and particularly Black and Brown communities, have diminished access to needed services.*

Who is affected: Older and disabled New Yorkers of color, low-income older adults, LGBTQ+ older adults, non-English speaking older adults, older adults with disabilities, older adults from non-Western cultures, underserved and overlooked populations including immigrants and asylum seekers; families of older adults in affected communities; care workers in affected communities with limited or no local employment options.

Goals: Increased availability and accessibility of services in historically disadvantaged communities; direct engagement with such communities in all policymaking.

Keys to resolution: Funding; financing; zoning; staffing; transportation; overcoming historical inequities; community engagement.

Potential solutions: Facilitate growth of needed services in communities affected by historic and contemporary racism, ageism, ableism, xenophobia, homophobia and sexism:

- Require social determinant of health initiatives within value-based payment contracts to encourage investment in historically disadvantaged under-served communities
- Establish licensing and fast-track zoning for housing and care facilities located in, and primarily providing services to underserved communities
- Create a state-sponsored lender for starting or growing healthcare, including behavioral health, businesses in underserved communities
- Develop geocoded maps to identify deserts that may exist for health care (including behavioral health and home health) food and nutrition, pharmacy, or similar services in under-served communities
- Develop and implement training for the caring community on the cultural characteristics of historically marginalized or disadvantaged communities to improve competency in outreach and services for these individuals and families
- Require goals for county and community-based organizations that receive state/federal funding to ensure a percentage of the workforce represents the neighborhoods they serve, similar to the state's contractual MWBE priority

- Encourage standard policies on language access across providers and local offices to increase the access and inclusion of persons for whom English is a second language
- Require county governments and their Community-Based Organization (CBO) partners to contract with a language service provider
- Look to replicate the Bedford Stuyvesant Restoration Corporation model in targeted communities (https://www.restorationplaza.org/)

Figure 5 shows racial and ethnic disparities in access to healthcare and represents a core focus area for the MPA

Figure 5:

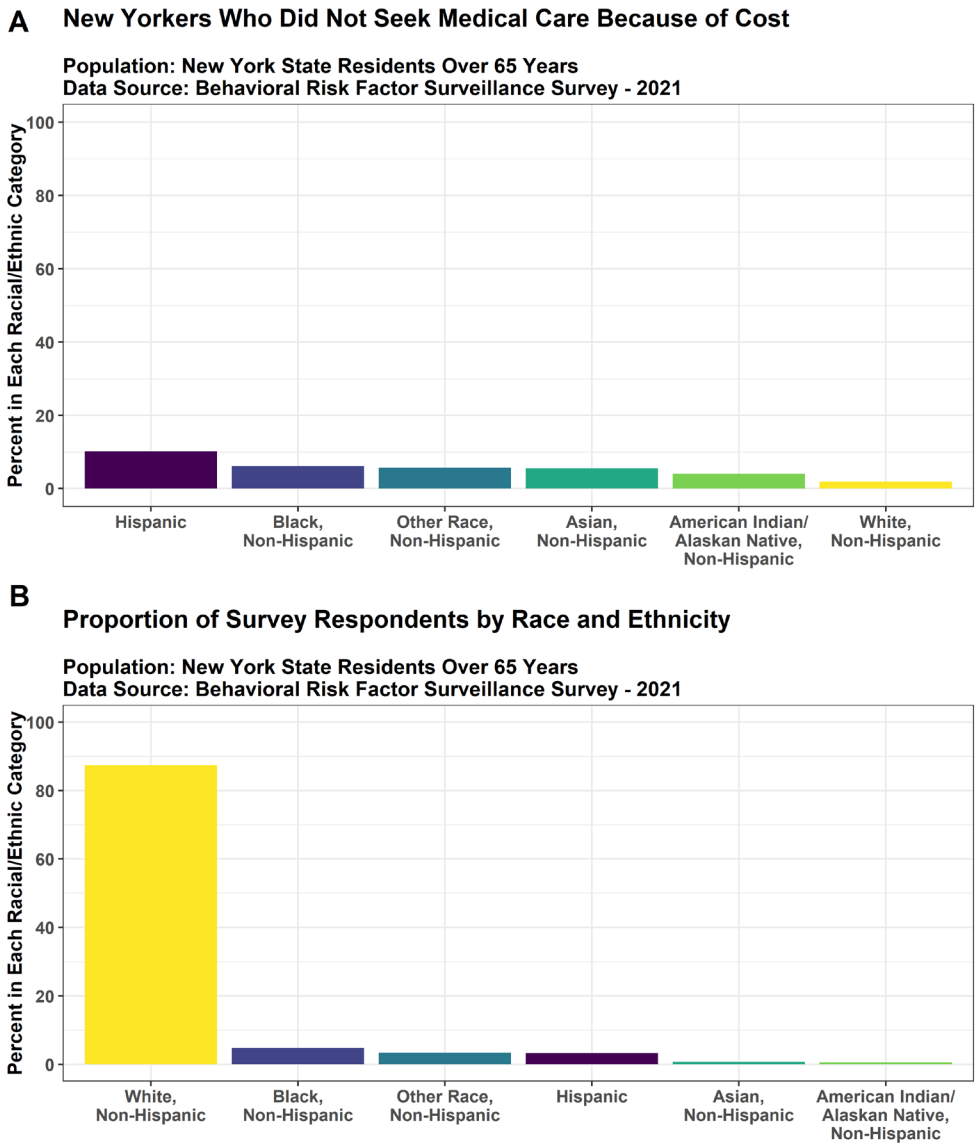

Figure 5:
Figure 5A demonstrates that approximately 10% of Behavioral Risk Factor Surveillance Survey (BRFSS) respondents who indicated they could not pay for medical expenses because it was too expensive identified as both Hispanic and over 65 years of age. Alternatively, approximately 2% of respondents who indicated they could not pay for medical expenses because it was too expensive identified as White, Non-Hispanic and over 65 years of age.

Figure 5B shows the proportion of survey respondents over 65 by racial and ethnic group.

This figure was created using data from the 2021 Behavioral Risk Factor Surveillance Survey.

Organizing Pillar:

Modernization and Financial Sustainability of Healthcare, Residential Facilities, and Community-Based Aging Network Service Providers

Challenge: *Healthcare facilities, agencies and aging services at risk of closure, unable to modernize services and facilities, and reliant on continued public support*

Who is affected: Patients and residents of financially distressed facilities; communities relying on financially distressed facilities, agencies and aging services; employees of financially distressed facilities and agencies.

Goals: Matching service capacity with local need to maximize efficiency while retaining adequate system capacity; preserve quality facilities capable of serving the acute and unique care needs of older adults unable to age in place, especially those with behavioral, mental health or substance use disorders.

Keys to resolution: Enhanced community service obligations for all health service providers; improved monitoring and technical assistance for health care providers; capital assistance for advanced technology; value-based payments; regulatory relief.

Potential solutions: Provide support for transitioning facilities, agencies and aging services to sustainable operations, and establish more regular and formal mechanisms for state support where needed:

- Reduce regulatory barriers to a lower level of care and allow facilities to transition to alternative uses (e.g., from nursing home to assisted living or other lower-support housing options)
- Invest in resources to ensure timely surveillance, with appropriate penalties for deterring poor quality outcomes, and engagement with Long Term Care Ombudsman and Resident Councils to ensure quality of life
- Promote the sharing of best practices by trade associations and financially advantaged health care providers to develop administrative, clinical, and ancillary assistance and training to health care providers in neighboring service areas
- Review/streamline adult care facility and skilled nursing facility need methodologies and Certificate of Need processes

- Allow flexibility in bed licensing to maximize efficiency while retaining adequate system capacity
- Perform a statewide study on the current quality, accessibility and affordability of skilled nursing and adult care facilities to determine best practices to support sustainable quality-driven operations

Organizing Pillar:
Social Engagement of Older Adults

Challenge: *Maintaining opportunities for meaningful social and civic engagement across the lifespan to address isolation and loneliness and help older adults to thrive.*

Who is affected: Older New Yorkers, their families, communities, and support systems burdened by preventable crises; older adults who are stigmatized and are particularly vulnerable to social isolation.

Goals: Institutional and community support systems providing support and giving purpose to older New Yorkers' lives.

Keys to resolution: Highlighting the dimensions and character of the problem; educating caregivers and providers as to symptoms and consequences; providing accessible transportation; designing communities for all ages; access to social adult day care and other Office for the Aging programs that reduce isolation and loneliness.

Potential solutions: Solicit the involvement of researchers, planners and community organizations to develop targeted effective support systems:

- Work with community organizations to develop engagement opportunities and to enhance existing opportunities to reach populations not currently engaged
- Utilize existing technology that connects people virtually, such as GetSetUp, ElliQ, enliveo (Virtual Senior Centers) and Blooming Health
- Look to models like Dorot's friendly visiting program
- Support the development of mental health and substance use clinic satellites in senior centers and other community facilities statewide
- Increase evidence-based programs which promote healthy habits
- Encourage relevant state and local agencies to use loneliness scales to measure social isolation
- Develop a voluntary reporting system for service/care providers to identify individuals at risk, with follow-up to local departments of social services or community organizations
- Community assets and resources (including libraries, museums, cultural institutions, parks and rec, sporting events, religious institutions, public spaces) design their physical plants, programming, and information dissemination to include older adults
- Further integrate age-friendly design into local and regional planning

- Build new roles for older adults that are impactful and beneficial to communities and all generations, and the health and wellbeing of older adults

Figure 6 shows the percentage of 65 and older population living alone in NYS compared to the United States

Figure 6:

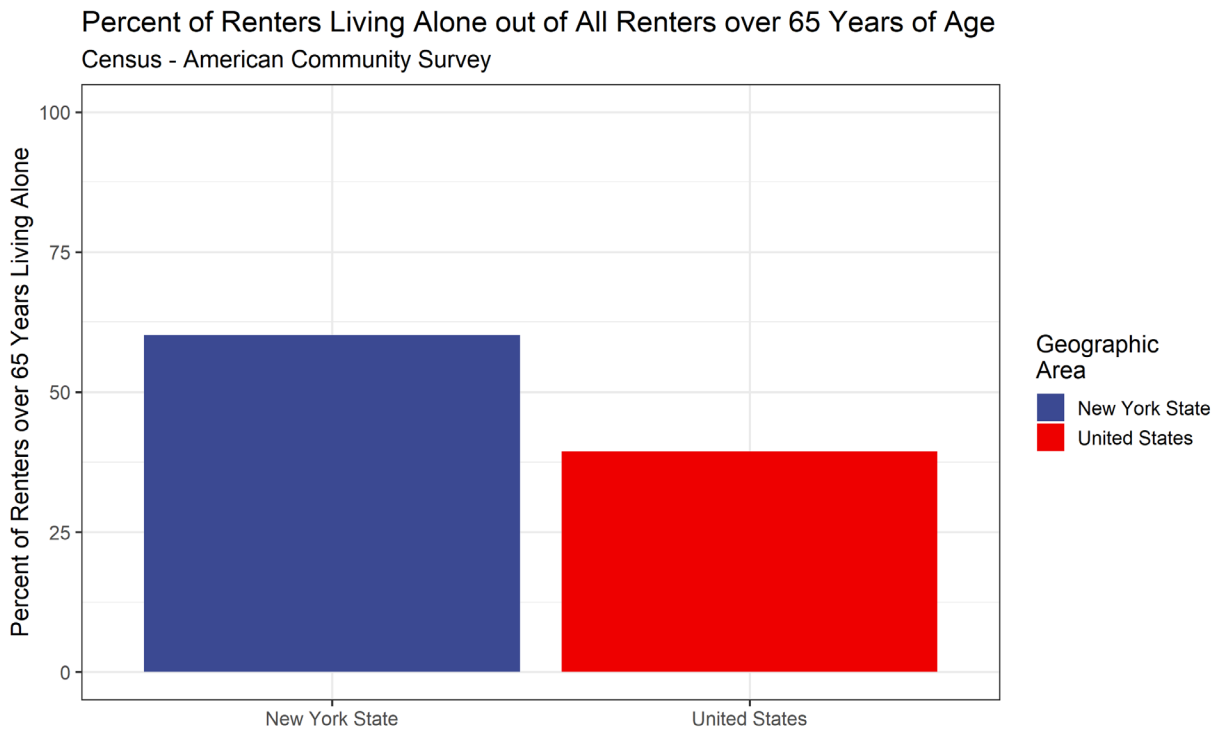

Figure 6: Of the older adults in New York State who are renters, 60% live alone, versus 39% nationally. This figure was generated from American Community Survey data, which is collected by the United States Census Bureau.

Organizing Pillar:

Promoting Health and Access to Services and Supports in Rural Communities

Challenge: *Lack of access to services in rural communities.*

Who is affected: Older individuals and others with disabilities in rural New York; families of older adults in affected communities; care workers in affected communities; service providers who must absorb added costs.

Goals: Promote development of geographically flexible rural-area service providers; create robust public and private transportation systems; encourage accessible city and town planning and design for all areas of the state.

Keys to resolution: Broadband distribution; fuel and transportation infrastructure cost; consolidations and alliances to achieve scale; incentives for rural area workforce.

Potential solutions: Facilitate easier access to digital resources, enhance transportation networks, and target support and regulatory relief for rural service providers:

- Grant zoning and licensing relief for the development of assisted living and other supported residential models, as well as transportation and home and community-based services, to facilitate better options for people to remain in their communities with better access to services
- Invest in and support assessments for and subsidies of home adaptations
- Require rural cost analyses for health and social services to be reflected in rate determinations for all state-regulated plans (in addition to any regulatory requirements under the State Administrative Procedure Act; see SAPA § 202-bb)
- Work with utilities for regulatory relief to encourage the expansion of rural broadband access, and include savings to the health system when evaluating the costs of the expansion
- Minimize telehealth restrictions where safe and appropriate for patients in rural areas
- Incentivize rural-based Community Health Centers to develop additional and specific geriatric competencies

Figure 7 shows the percentage of adults 65 and over who do not seek medical attention due to cost of treatment

Figure 7:

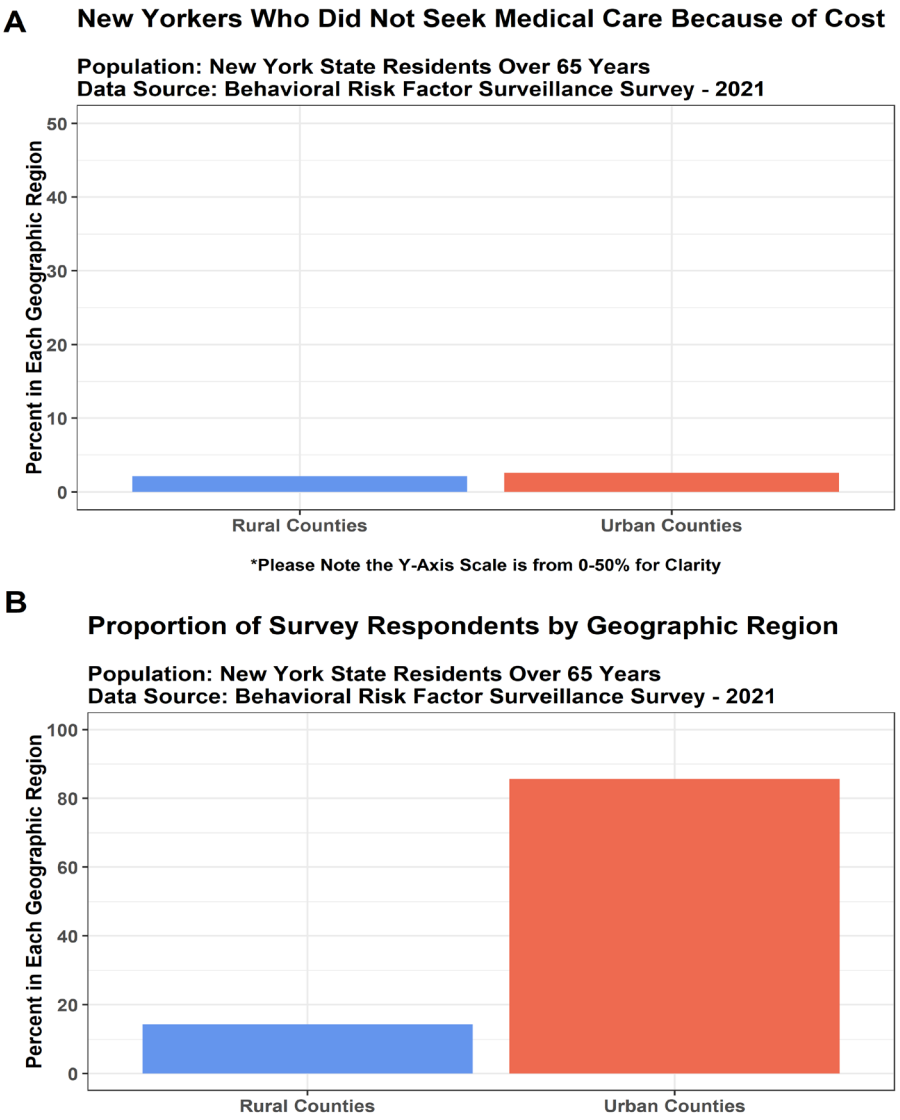

Figure 7:
Some New Yorkers still do not pay for medical services because such services are too expensive.

Figure 7A on the top shows that in Rural Areas, approximately 2% of Behavioral Risk Factor Surveillance Survey (BRFSS) respondents (44 out of 2086 individuals in Rural Areas) indicated they could not pay for medical services due to cost (left blue bar). In Urban Areas, approximately 3% of BRFSS respondents (322 out of 12448 individuals in Urban Areas) also indicated they could not pay for medical services due to cost (left red bar).

Figure 7B on the bottom shows the proportion of survey respondents over 65 by geographic region.
This figure was created using data from the 2021 Behavioral Risk Factor Surveillance Survey.

Organizing Pillar:
Combating Elder Abuse, Ageism, and Ableism

Challenge: *Financial, exploitation; physical, sexual, and emotional abuse; and neglect of older adults, in part due to inadequate identification of and support for people at risk.*

Who is affected: Older New Yorkers; families of the victims; law enforcement; financial institutions.

Goals: Care management and preventive services for all; staffed abuse hotline and development of early risk identification tools; robust supported decision-making; multiple points of access for help, including specific assistance when a family member caretaker commits the abuse.

Keys to resolution: Public awareness; education; robust reporting mechanisms and early identification; in-home and health facility monitoring.

Potential solutions: Identify and empower accountable private sector agents and government programs, educate caregivers, and expand awareness:

- Support not-for-profit guardianship and supported decision-making programs
- Educate care managers working in Health Homes, Managed Care Organizations (MCOs), and county offices for the aging, as appropriate for their roles
- Connect law enforcement with financial institutions to collaborate on recognizing monitoring, and reporting fraud and financial abuse to law enforcement and other appropriate parties
- Encourage the development of supportive programs and adult protective services as alternatives to involving law enforcement
- Coordinate service/care provider education for recognizing symptoms of abuse
- Develop a targeted awareness campaign for victims to self-identify and report abuse, in coordination with the Office of Children and Family Services' statewide public adult abuse awareness campaign
- Communication campaigns on existing and new/emerging scams that target older adults
- Expand bill payer programs to prevent or mitigate financial exploitation

Figure 8 shows incidents per 1000 Older New Yorkers who experienced elder abuse in 2011

Figure 8:

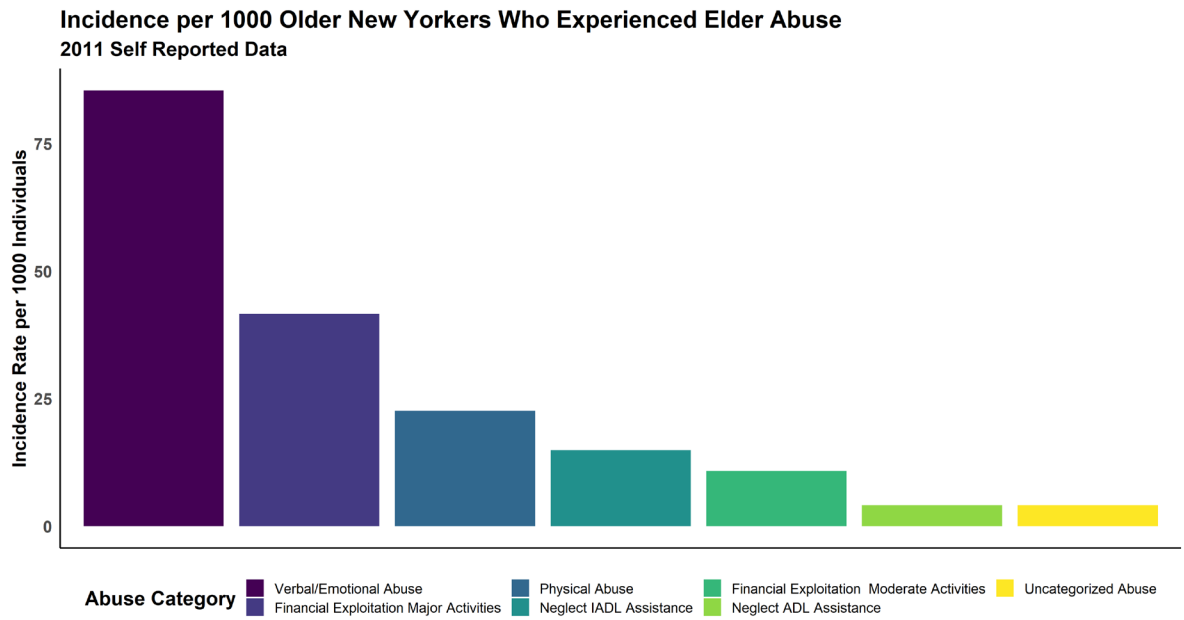

Figure 8: Approximately 85 out of 1000 older New Yorkers who self-reported abuse indicated they experienced verbal/emotional abuse, representing the most frequently reported abuse. This figure was created using data from the May 2011 Final Report Under the Radar: New York State Elder Abuse Prevalence Study.

Organizing Pillar:
Technology Access and Development

Challenge: *Slow technological development or technological inaccessibility which could address challenges related to caring for or empowering the aging and their families; the need to expand existing assistive technologies; cybersecurity threats to privacy.*

Who is affected: Service recipients without options for assistance and care; payor systems; workers unable to observe and report changes in condition; older adults without access to services requiring internet access; individuals who are socially isolated; family members geographically distant from older adults.

Goals: Scaling technological solutions; resolve access and isolation; supporting technology development and organizations facilitating technology use; leveraging technology to facilitate the direct caregiver's role in care management; promoting tech accelerators capable of designing and developing applications for the aging population; creating opportunities for technological interoperability between community-based organizations and health care providers; utilizing data to inform prevention measures and healthy aging.

Keys to resolution: Funding for technology development; technology industry attention; state supported technical assistance for rural households.

Potential solutions: Support technological development and facilitate scaling up products and services:

- Endow an "AgeTech" incubator modeled after state-sponsored and international models for high-tech incubators, which centers on older adults as creators, designers, testers, and users
- Implement an operating system that enables older adults to receive support within the aging environment of their choice through assisted technologies, including technologies to allow caregivers, providers, and family to connect and engage with the system to assist the older adult with care decisions and caregiving responsibilities
- Promote and support use of remote patient monitoring, including use of smart home devices, motion sensors, and personal vital sign monitors, as a supplement to in-home care
- Develop tuition assistance or reimbursement programs for STEM workers interested in development and applications assisting with Activities of Daily Living (ADLs) or supporting aging in place
- Enhance meaningful access to technology through training and technical assistance for older adults on how to use common devices such as tablets and smart phones

- Establish grant funding for purchasing Wi-Fi and equipment for low-income individuals and subsidizing broadband access for those in need
- Prioritize areas of the state for broadband access expansion that have a high percentage of older adult residents
- Use technology to create coordinated tools for older adults and those with disabilities, such as a portal for streamlined benefits application and management which links related programs and agencies
- Create smart-device apps to identify assistance and resources such as accessible transportation options, food assistance, or assistance with chores

Figure 9:

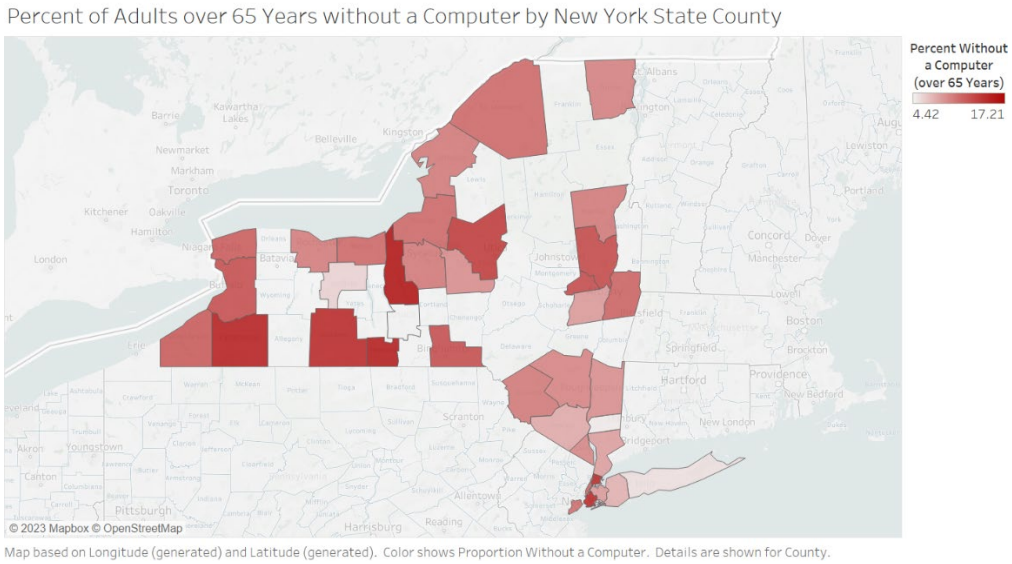

Figure 9: County map demonstrating percent of individuals over 65 years by New York County who do not own a computer (a computer is defined here as a laptop, desktop, tablet, smartphone, etc.). Darker red indicates a higher percent without a computer, lighter red indicates a lower percent without a computer. In total, 339,335 older New Yorkers (10.77% of total) indicated that they do not own a computer, compared to 2,811,861 older New Yorkers (89.23% of total) who indicated that they do own a computer. This figure was generated from data collected by the United States Census Bureau. Blank counties indicate no data was available.[7]

[7] As an additional data example: In 2019, more than 2.3 million people in New York did not have access to either a desktop, laptop, or tablet computer. Both immigrants and U.S.-born citizens face poor access to digital tools, with 15.6 percent of immigrants in New York lacking access to a computer or tablet compared with 11.2 percent of U.S.-born individuals. *See* Examining Gaps in Digital Inclusion in New York, American Immigration Council, December 2022, https://www.americanimmigrationcouncil.org/sites/default/files/examining_gaps_in_digital_inclusion_in_new_york.pdf

Figure 10:

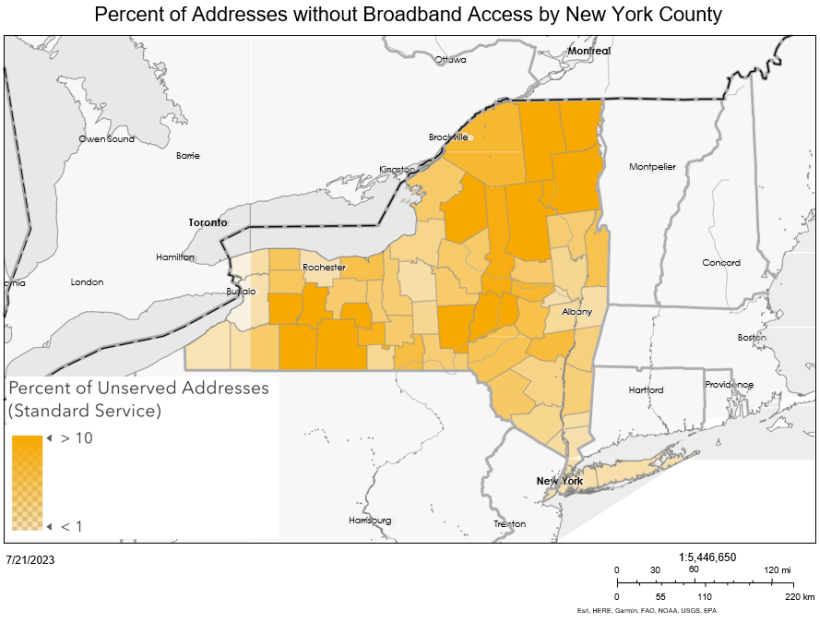

Figure 10: Map of New York State addresses unserved by broadband internet access. Darker orange indicates counties with a higher percent of addresses without broadband coverage relative to counties with a lower percent of addresses without broadband (lighter orange). From the New York State Department of Public Service dashboard.

Organizing Pillar:
Prevention, Wellness Promotion and Access

Challenge: *Preventable acute medical interventions; individuals and informal caregivers must navigate a complex care and supports system; obstacles to supporting healthy aging across the lifespan.*

Who is affected: Primary and secondary prevention measures will particularly benefit the majority of older adults who are in good health or living with mild chronic conditions; secondary and tertiary prevention measures will particularly benefit people with disabilities, people at risk for dementia disorders, people with chronic conditions, people living with substance use disorders, people living with mental illness, people with behavioral health conditions, and people who are medically high-risk; people who are not aware of available benefits; people who delay preventive care; people who may be injured without preventive intervention; caretakers for older adults who must navigate care and support systems.

Goals: Comprehensive planning and education around prevention practices and resources, including broad adoption of best practices and public use; promotion of healthy options and wellness initiatives that will advance health and wellness across the life course through both public health and population health initiatives; expand innovative models for preventing ill health, reducing ability limitations, and promoting long life spans.

Keys to resolution: Consolidating knowledge of best practices; communication efforts and education; simplifying and consolidating information about benefits; benefit programs that provide resources for prevention practices; integration of prevention principles and incorporation of an aging lens into existing programs funded by state and local health departments; engaging the public health system and allied sectors.

Potential solutions: Identify and align resources and programs around best practices, and develop communication materials and strategies to ensure awareness and ease compliance:

- Engage with practitioners to identify best practices and create dynamic, consolidated inventory of critical prevention behaviors and interventions
- Require that all prevention solutions utilize and incorporate the "4Ms" age-friendly framework (what matters, medication, mind and mobility)
- Identify opportunities in benefit programs to drive resources and create incentives for prevention behaviors and interventions

- Develop public-private partnerships to facilitate healthy choices and promote access to preventive services
- Engage the Extreme Heat Workgroup, the Climate Action Council and Climate Justice Working Group, and the Most Integrated Setting Coordinating Council in the integration of prevention principles
- Expand community-based services that are preventive in nature, and which target nutrition, transportation, and civic engagement, while combatting social isolation
- Identify the essential elements for prevention and health promotion across the life course, for all New Yorkers to live healthier lives and have the opportunity to grow old with health

APPENDIX A: Subcommittees, Workgroups, and Workgroup Focus Areas

Housing, Community Development and Transportation

- Housing
  - Zoning
  - Financing
  - Taxation: Carrots and Sticks
  - Affordability
- Community Planning
  - Public spaces
  - Services
  - Smart growth
  - Accessibility
- Transportation
  - Public Transportation
  - Infrastructure
  - Paratransit
  - Private services

Formal Caregivers

- Recruitment and Training
  - Fair pay
  - Workforce investment: training, career ladders and technology
  - Adequacy of existing training programs
  - Rural transportation
  - Stackable Credentials
  - Specialized training
- Retention, Compensation and Benefits
  - Compensation
  - Case assignment
  - Mentoring
  - Childcare
  - Regionality
- Scope of Practice and Job Structure
  - Scope of practice flexibilities
  - Creating opportunities for full-time employment of home care aides

    - Career paths
    - Specialized training
    - Database of available positions
    - Case assignment

Informal Caregivers

- Kinship Caregiving
    - Focused on supports for older adults filling the caregiving role
    - Legal issues
    - Safety net supports
    - Housing challenges
- Caregiver Supports
    - Focused on services that assist caregivers with their responsibilities and their mental health
    - DEI issues
    - Mental health supports
    - Complexity of support systems
    - Social Security issues
- Communications
    - Targeting informal caregivers to help them self-identify and to publicize available resources
- Finances
    - Engaged with the challenges of caregiving to the caregivers and to employers
    - Evaluate market sizing
    - Look at regulatory/tax/funding supports for employers of informal caregivers

Economic Security

- Retirement
    - This workgroup will focus on financial preparation for retirement and long term care needs
    - Savings programs
    - Long term care insurance
    - Education and communication
- Benefit Programs
    - This workgroup will focus on existing and potential benefit programs to support the ability of older New Yorkers to secure the basic needs of daily life, as well as communications and education to ensure that older New

Yorkers are aware of the benefits available to them, and are able to navigate those benefit programs
    - Identifying and closing existing gaps between programs
    - Streamlining programs where navigation is excessively challenging
- Workforce Protections and Training
    - This workgroup will focus on programs and protections to facilitate ongoing engagement in the workforce for older New Yorkers.
    - Legal protections against ageism
    - Workforce training
    - Education about training and ageism protection resources
    - Engagement with employers to develop formal programs for employing older New Yorkers

Long Term Services and Supports

- End of Life Care
    - Hospice, palliative care, and regulatory considerations
    - Specific charge to address for-profit hospice
- Levels of Care
    - Regulatory reforms to facilitate aging in place and ensuring the most integrated setting to meet need
- Person-Centered Navigation and Access
    - Equitable access to care settings
    - Prioritizing person-centered care that is inclusive, integrated and accessible, with an emphasis on dignity and autonomy
- Payor Structures
    - Incentives for quality and preventive care
- Care transitions
    - Ensuring access to better transitions within care settings
- Program of All Inclusive Care for the Elderly (PACE)
    - Addressing barriers to PACE enrollment
    - Addressing barriers to PACE licensure
- Equitable Facility Transformation
    - Modernizing facilities to fit changing needs of older adults

Home and Community-Based Services

- In-Home Services

    - Focused on strategies, services and supports to help people age in place in their homes, especially as activities of daily living become limited.
- In-Community Services
    - Focused on services and supports, including those offered by local Area Agencies on Aging (AAAs), that build community, break-down isolation and help older people thrive within their community via improved access or congregate settings.
- Critical Partnerships and Systems Building
    - Focused on how services can be better integrated within other "systems" and will probably be coordinated across the other Subcommittee workgroups that are discussing integration between Medicaid and HCBS.

Safety and Security

- Financial exploitation, scams
    - Prevention
    - Detection
    - Intervention
- Abuse (physical, sexual, neglect, psychological)
    - Awareness/communication
    - Identifying ways to gather data
- Guardianship/Alternatives to guardianship
    - Role of not-for-profits
    - Awareness
    - Legal structures and mechanisms
- Technology Development; and Access
    - Training
    - Social isolation
    - Design

Health and Wellness

- Promote and sustain physical and mental health, wellbeing and quality of life, including primary and secondary prevention and self-management of chronic disease
- Access to Medicare and Medicaid annual wellness and prevention benefits & communication to improve utilization
- Mental health and substance use disorders
- Cognitive health, Alzheimer’s disease and other dementias
- Nutrition and food insecurity

APPENDIX B: MPA Subcommittee Membership

Subcommittee 1: Long-term Services and Supports

Subcommittee Lead and Co-lead

- Pastor George Nicholas (Lincoln Memorial United Methodist Church)
- Scott LaRue (ArchCare)

State Agency Council Representatives

- Karen Choens (Office of Mental Health)
- Karen Walker (Department of Health)
- Kimberly Hill (Office of the Chief Disability Officer)
- Lisl Maloney (Office of Children and Family Services)
- Shelly Aubertine-Fiebich (Office of Children and Family Services)
- Viviana DeCohen (Department of Veterans' Services)

Stakeholder Advisory Committee Representatives

- Dan Savitt (VNS Health)
- Pat Wang (Healthfirst)
- Dr. Thomas Caprio (University of Rochester Medical Center)
- Wade Norwood (Common Ground Health)

Other Interested Parties

- Adria Powell (Cooperative Home Care Associates)
- Al Cardillo (NYS Home Care Association)
- Alicia Pointer (Orange County)

- Amy Haskins (Wayne County)
- Andrea Deepe (Warren Washington Association for Mental Health Inc.)
- Andrew Cruikshank (Fort Hudson Health System)
- Ann Monroe (American Association of Retired Persons, AARP - New York)
- Ashley Waite (Lewis County)
- Bryan O'Malley (Consumer Directed Personal Assistance Association of NYS)
- Carlos Martinez (Consumer Directed Personal Assistance Association of NYS)
- Cristopher Comfort (Calvary Hospital)
- Dan Hiem (LeadingAge New York)
- Darius Kirstein (LeadingAge New York)
- Dave Jordan (Office for the Aging)
- Debi Buzanowski (Saint Peter's Health Partners)
- Dora Fisher (Healthcare Association of New York State)
- Doug Hovey (Independent Living, Inc.)
- Dr. Kevin Costello (Albany Medical Center)
- Eric Linzer (New York Health Plan Association)
- Ginger Lynch Landy (Argentum)
- Heidi Schempp (Elderwood at North Creek)
- Ilana Berger (Hand in Hand)
- Jade Gong (Jade Gong & Associates)
- James Rosenman (Andrus on Hudson)
- Jeanne Chirico (Hospice and Palliative Care Association of NYS)
- Jed A. Levine (CaringKind)
- Jeffrey Farber (New Jewish Home)
- Jill Graziano (Rochester Regional Health)
- Jim Kane (Empire State Association of Assisted Living)

- Joe Corwin (Greater New York Hospital Association)
- Karen Lipson (LeadingAge New York)
- Karen Thornton (Empire State Association of Assisted Living)
- Kendra Scalia (NY Caring Majority/Hand-in-Hand)
- Laura Ehrich (NYS Association of Health Care Providers)
- Linda Spokane (Hudson Headwaters)
- Lindsay Heckler (Center for Elder Law and Justice)
- Lisa Alteri (Capital Health Consulting)
- Lisa Betrus (Bassett Health Network)
- Lisa Newcomb (Empire State Association of Assisted Living)
- Lise-Anne Deoul (Sullivan County)
- Luke Tobler (NYS PACE Alliance)
- Lynn Young (Department of Health)
- Marcella Goheen (Essential Care Visitor)
- Mary Gracey-White (Greater New York Health Care Facility Association)
- Michael Gelman (Care Connect Mobile)
- Michael King (Jewish Senior Life)
- Michael Rosenblut (Parker Jewish Institute)
- Michele O'Connor (Argentum)
- Nancy Speller (St. Mary’s Healthcare System for Children)
- Rachel Tart (Elderwood at North Creek)
- Rebecca Preve (AgingNY)
- Rhenda Campbell (Fort Hudson Home Care)
- Roxanne G. Tena-Nelson (Greater New York Hospital Association)
- Ruben Medina (RC Solutions Inc.)
- Shaun Ruskin (CenterLight Health System)

- Sarah Ravenhall (NYS Association of County Health Officials)
- Stephanie Button (PACE CNY)
- Stuart Almer (Gurwin Jewish)
- Susan Hollander (Office of Children and Family Services)
- Tammy DeLorme (Washington County)
- Traci Allen (The Alliance of TBI & NHTD Waiver Providers)
- Walter Kaltenbach (Always Home Care)
- Yuchi Young (University at Albany School of Public Health)

Subcommittee 2: Home and Community-Based Services

Subcommittee Lead and Co-lead

- Kathryn Haslanger (Jewish Association Serving the Aging)
- Allison Nickerson (LiveOn NY)

State Agency Council Representatives

- Christopher Smith (Office of Mental Health)
- Jackie Maclutsky (Office of Children and Family Services)
- Julie Hovey (Office of Children and Family Services /New York State Commission for the Blind)
- Kim Hill (Office of the Chief Disability Officer)
- Lorraine Cortes-Vazquez (NYC Aging)
- Nicole Haggerty (Office of Mental Health)
- Shirley Paul (Faith Based Initiatives, Governor's Office)

Stakeholder Advisory Committee Representatives

- Ann Marie Cook (Lifespan of Greater Rochester)
- Emma DeVito (Village Care)
- James O'Neal (American Association of Retired Persons, AARP - New York)
- Nora OBrien-Suric (Health Foundation for Western and Central New York)
- Stuart Kaplan (Selfhelp Community Services)
- Timothy Seymour (Herkimer County Department of Social Services)

Other Interested Parties

- Alexandra Roth-Kahn (United Jewish Appeal-Federation of New York)
- Anderson Torres (RAIN Total Care)
- Ann Cunningham (Rochester Oasis)
- Ann Marie Selfridge (New York State Adult Day Services Association)
- Bill Ferris (American Association of Retired Persons, AARP - New York)
- Bob Blancato (Elder Justice Coalition)
- Bobbie Sackman (Caring Majority)
- Bryan O'Malley (Consumer Directed Personal Assistance Association of NYS)
- Carol Deyoe, (NYS Association of Health Care Providers)
- Catherine James (NYS Coalition of Alzheimer's Association Central NY Chapter)
- Cheryl A. Kraus (Hospice and Palliative Care Association of NYS)
- Cynthia L. Cary Woods (Upstate Oasis)
- Daniella Labate Covelli (New York Association of Psychiatric Rehabilitation Services)
- Denise Figueroa (Independent Living Center of the Hudson Valley)
- Erica Tomlinson (Hamilton County)
- Erika Flint (Health Workforce Collaborative)
- Ginger Hall (Jefferson County)
- Ginger Lynch Landy (Argentum)

- Jennifer Michella (Upstate Oasis)
- Joanne Taylor (Senior Helpers Westchester)
- Karen McGraw (Neighbors of Northern Columbia County)
- Kathleen Strack (Franklin County)
- Lauren Wetterhahn (Inclusive Alliance IPA Inc.)
- Lindsay Miller (New York Association on Independent Living)
- Loretta Zolkowski (Human Services Leadership Council)
- Lois Celeste (Saratoga Senior Center)
- Lou Pierro (Pierro, Connor & Strauss)
- Lyndi Scott-Loines (Allegany County)
- Meg Everett (LeadingAge New York)
- Michele O'Connor (Argentum)
- MJ Okma (SAGE - Advocacy & Services for LGBTQ+ Elders)
- Nancy Harvey (Service Program for Older People)
- Nancy Speller (St. Mary's Healthcare System for Children)
- Nicholas Stella (Jzanus Home Care)
- Nikki Kmicinski (Western New York Integrated Care Collaborative)
- Pascale Leone (Supportive Housing Network of New York)
- Phil Di Sorbo (Saratoga Senior Center)
- Randy Klein (Vesta)
- Rebecca Preve (AgingNY)
- Renee Christian (Home Care Advocate)
- Robbie Felton (Intus Care)
- Ruben Medina (RC Solutions Inc.)
- Sarah Ravenhall (NYS Association of County Health Officials)
- Sue Ruzenski (Helen Keller Services)

- Susan Hollander (Office of Children and Family Services)
- Susan Stamler (United Neighborhood Houses NY)
- Tammy Ryan (Director of Ancillary Services, Prestige Healthcare Group)
- Traci Allen (The Alliance of TBI & NHTD Waiver Providers)
- Vicky Hiffa (NYS Developmental Disabilities Planning Council)
- Walter Kaltenbach (Always Home Care)
- William Hamer (Harlem Advocates for Seniors)
- Yuchi Young (University at Albany School of Public Health)

Subcommittee 3: Informal Caregivers

Subcommittee Lead and Co-lead

- James O'Neal (American Association of Retired Persons, AARP - New York)
- Linda James (Lifespan of Greater Rochester)

State Agency Council Representatives

- Christopher Smith (Office of Mental Health)
- Kathryn Simpson (Office of Mental Health)
- Lorraine Cortes-Vazquez (NYC Aging)
- Shelly Aubertine-Fiebich (Office of Children and Family Services)

Stakeholder Advisory Committee Representatives

- Doris Green (NYS Caregiving and Respite Coalition)
- Sara Czaja (Center on Aging and Behavioral Research, Weill Cornell Medicine)
- Stuart Kaplan (Selfhelp Community Services)

Other Interested Parties

- Aaron Carlson (Hearts and Hands: Faith in Action, Inc.)
- Alexandra Drane (Archangels)
- Ann Marie Selfridge (NYS Adult Day Services Association)
- Bill Gustafson (Alzheimer Association)
- Colette Phipps (Westchester County Dept. of Senior Programs and Services)
- David McNally (American Association of Retired Persons, AARP - New York)
- Debra Tackett (Clinton County)
- Elana Kieffer (The New York Academy of Medicine)
- Emily Hinsey (Grantmakers in Aging)
- Gerard Wallace (NYS Kinship Navigator)
- Jeanne Chirico (Hospice and Palliative Care Association of NYS)
- Jed Levine (CaringKind)
- Kenneth M. Genewick (Health Foundation of Western and Central New York)
- Lindsay Heckler (Center for Law and Justice)
- Liz Loewy (Eversafe)
- Marcella Goheen (Essential Care Visitor)
- Meg Boyce (NYS Coalition of Alzheimer's Association - Hudson Valley Chapter)
- Rae Glaser (NYS Kinship Navigator)
- Rebecca Preve (AgingNY)
- Rimas Jasin (Presbyterian Senior Services)
- Zach Becker (Empire State Development - Central New York)

Subcommittee 4: Formal Caregiving

Subcommittee Lead and Co-lead

- Helen Schaub (1199/SEIU)
- Dan Savitt (VNS Health)

State Agency Council Representatives

- Barbara Guinn (Office for Temporary and Disability Assistance)
- Lorraine Cortes-Vazquez (NYC Aging)
- Lucy Newman (Office of Mental Health
- Shelly Aubertine-Fiebich (Office of Children and Family Services)
- Tom Brooks (Office of Children and Family Services)

Stakeholder Advisory Committee Representatives

- Doris Green (NYS Caregiving and Respite Coalition)
- Pastor George Nicholas (Lincoln Memorial United Methodist Church)
- Stuart Kaplan (Selfhelp Community Services)

Other Interested Parties

- Adria Powell (Cooperative Home Care Associates)
- Al Cardillo (Home Care Association)
- Alexandra Drane (Archangels)
- Alyssa Herman (New Jewish Home)
- Amanda Waite (Fort Hudson Health System)
- Andrea Thomas (Home Care at Sunnyside Community Services)
- Ann Marie Selfridge (New York State Adult Day Services Association)
- Ann Mary Ferrie (VNS Health)
- Anthony Lareau (Office of Children and Family Services)
- Bobbie Sackman (Caring Majority)

- Bryan O'Malley (Consumer Directed Personal Assistance Association of NYS)
- Carlos Z. Martinez (Consumer Directed Personal Assistance Association of NYS)
- Colleen Rose (Rochester Regional Health)
- Courtney Burke (Rockefeller Institute)
- David McNally (American Association of Retired Persons, AARP - New York)
- Diane Darbyshire (LeadingAge New York)
- Emily Hinsey (Grantmakers in Aging)
- Erica Salamida (NYS Coalition of Alzheimer's Association Chapters)
- Ginger Lynch Landy (Argentum)
- Ilana Berger (Hand in Hand)
- Jeanne Chirico (Hospice and Palliative Care Association of NYS)
- Jed Levine (CaringKind)
- Jodi M. Sturgeon (Paraprofessional Healthcare Institute)
- John Reilly (Northwell Health)
- Kathy Febraio (NYS Association of Health Care Providers)
- Len Statham (New York Association of Psychiatric Rehabilitation Services)
- Linda Mertz (University at Albany School of Social Welfare)
- Lisa Alteri (Capital Health Consulting)
- Liz Loewy (Eversafe)
- Lori Frank (The New York Academy of Medicine)
- Marcella Goheen (Essential Care Visitor)
- Michele O'Connor (Argentum)
- Monique Hodges (Baltic Street AEH)
- Nancy Miller (New York Vision Rehabilitation Association)
- Rebecca LeBaron (Heritage Ministries)
- Rebecca Preve (AgingNY)

- Renee Christian (Home Care Advocate)
- Robert Gibson (Department of Family Services)
- Walter Kaltenbach (Always Home Care)

Subcommittee 5: Health and Wellness

Subcommittee Lead and Co-lead

- Dr. Linda Fried (Columbia University Mailman School of Public Health)
- Dr. Jo Ivey Boufford (NYU School of Global Public Health)

State Agency Council Representatives

- Alexis Arnett (Office of Children and Family Services)
- Audrey Erazo-Trivino (Office of Mental Health)
- Camille Hoheb (Department of Health)
- Christopher Maylahn (Department of Health/Office of Public Health
- John Hartigan (Department of Health/AIDS Institute)
- Katie Seaward (Office of Addiction Services and Supports)
- Lorraine Cortes-Vazquez (NYC Aging)
- Patricia Zuber Wilson (Office of Addiction Services and Supports)
- Rachel Baker (Office for People with Developmental Disabilities)
- Martha Sullivan (Office of Mental Health)
- Maureen Spence (Department of Health/Office of Public Health)

Stakeholder Advisory Committee Representatives

- Allison Nickerson (LiveOn NY)
- Kathryn Haslanger (Jewish Association Serving the Aging)
- Linda James (Lifespan of Greater Rochester)

- Lora Lee La France (St. Regis Mohawk Office for the Aging)
- Nora OBrien-Suric (Health Foundation for Western and Central New York)
- Pastor George Nicholas (Lincoln Memorial United Methodist Church)
- Timothy Seymour (Herkimer County Department of Social Services)

Other Interested Parties

- Adesuwa Watson (Suffolk County)
- Andres Vives (Hunger Solutions)
- Ann Cunningham (Rochester Oasis)
- Beth Finkel (American Association of Retired Persons, AARP - New York)
- Beth Shapiro (Citymeals on Wheels)
- Carlos Martinez (Bridges)
- Claire Proffitt (Schenectady County)
- Corinne Carey (Compassion & Choices New York)
- Cynthia L. Cary Woods (Upstate Oasis)
- Damali Wynter (NYS Department of Agriculture and Markets)
- Daniel Chen (Jamaica Hospital/Flushing Hospital)
- David Hoffman (University at Albany School of Public Health)
- Debbie Pantin (Outreach)
- Diane Devlin (Wayne County)
- Elizabeth Galle (Columbia County)
- Elizabeth Whalen (Albany County)
- Elizabeth Watson (Schuyler County)
- Fred Riccardi (Medicare Rights Center)

- Glenn Liebman (Mental Health Association in New York State)
- Hailee Gilmore (Department of Health/Office of Health Equity and Human Rights)
- Harvey Rosenthal (New York Association of Psychiatric Rehabilitation Services)
- Heather Warner (Delaware County)
- Heidi Bond (Otsego County)
- Ira Frankel (Jamaica Hospital/Flushing Hospital)
- Dr. Irina Gelman (Nassau County)
- Jackie Berman (NYC Aging)
- Jennifer Michella (Upstate Oasis)
- Jo-Ann Yoo (Asian American Federation)
- John Coppola (New York Association of Alcoholism and Substance Abuse Providers, Inc.)
- Jolene Munger (St. Lawrence County)
- Dr. Joshua Chodosh (New York University)
- Dr. Judith A. Salerno (New York Academy of Medicine)
- Karen DeBell (Office of Mental Health/Division of Adult Services)
- Kelly Ann Anderson (Department of Health)
- Krista Hesdorfer (Hunger Solutions New York)
- Lacey Trimble (Orange County Department of Mental Health)
- Laura Churchill (Greene County)
- Lisa Alteri (Capital Health Consulting)
- Lisa Graf (Wayne County Department of Social Services)
- Livia Santiago-Rosado (Dutchess County)
- Lori Frank (The New York Academy of Medicine)
- Luke Sikinyi (NY Association of Psychiatric and Rehabilitation Services Inc.)
- Marcella Goheen (Essential Care Visitor)
- Dr. Maria T. Carney (Hofstra University/Northwell Health)

- Mark Meridy (Generations - DOROT)
- Maryfran Wachunas (Rensselaer County)
- Maureen Henry (Columbia University Medical Center)
- Michelle Barber (New York State Academy of Nutrition and Dietetics)
- MJ Okma (SAGE - Advocacy & Services for LGBTQ+ Elders)
- Nancy Hahn (Suffolk County)
- Nancy Harvey (Service Program for Older People)
- Nancy Miller (New York Vision Rehabilitation Association)
- Norman Reiss (Greenwich House)
- Peter Buzzetti (Chemung County)
- Rebecca Preve (AgingNY)
- Richard Ball (NYS Department of Agriculture and Markets)
- Samara Daly (DalyGonzalez)
- Dr. Sherlita Amler (Westchester County)
- Susan Medina (Tioga County)
- Dr. Thalia Porteny (Columbia School of Public Health)
- Tina McDougall (Washington County)
- Tobi Abramson (Geriatric Mental Health/NYC Aging)
- Vicky Hiffa (NYS Developmental Disabilities Planning Council)

Subcommittee 6: Housing, Community Development and Transportation

Subcommittee Lead and Co-lead

- Stuart Kaplan (Selfhelp Community Services)
- Imran Cronk (Ride Health)

State Agency Council Representatives

- Brett Hebner (Homes and Community Renewal)
- Christopher Maylahn (Department of Health/Office of Public Health)
- Janet Ho (Department of Transportation)
- Julie Duncan (Office of Mental Health)
- Julie Kelleher (Office of Children and Family Services)
- Mary Ellen Brown (Office of Mental Health)
- Noah Rayman (Empire State Development)
- Paul Beyer (Department of State)
- Shelly Aubertine-Fiebich (Office of Children and Family Services)

Stakeholder Advisory Committee Representatives

- Allison Nickerson (LiveOn NY)
- Jessica Bacher (Pace University)
- Kathryn Haslanger (Jewish Association Serving the Aging)
- Ruth Finkelstein (Brookdale Center for Healthy Aging at Hunter College)
- Wade Norwood (Common Ground Health)

Other Interested Parties

- Andrea Montgomery (St. Lawrence County)
- Ann McHugh (The Jewish Board of Family and Children's Services)
- Annalyse Komoroske Denio (LeadingAge New York)
- Barry Kaufmann (NYS Alliance for Retired Americans)
- Brittany Perez (Local Initiatives Support Corporation)
- Cara Longworth (Empire State Development - Long Island)
- Courtenay Loiselle (Homes and Community Renewal)
- Darby Nagpaul (Sullivan County Department of Health)

- David Hoglund (Perkins Eastman)
- Doug Hovey (Independent Living, Inc.)
- Elana Kieffer (The New York Academy of Medicine)
- Eric Alexander (Vision Long Island)
- Esther Greenhouse (Silver to Gold Strategic Planning)
- Ginger Lynch Landy (Argentum)
- Holly Rhode-Teague (Suffolk County)
- Jackie Maclutsky (Office of Children and Family Services)
- Jennifer Rodriguez (Livingston County)
- Jessica Bacher (Pace University)
- Jessica Mathew (Metropolitan Transportation Authority)
- Jill Peckenpaugh (United States Committee for Refugees and Committees Albany)
- Jo-Ann Yoo (Asian American Federation)
- Leo Asen (American Association of Retired Persons (American Association of Retired Persons, AARP - New York)
- Linda Hoffman (New York Foundation for Senior Citizens)
- Lindsay Miller (New York Association on Independent Living)
- Maclain Berhaupt (Department of Health)
- Mandy Walsh (Delaware County)
- Marc Jahr (Forsyth Street Advisors)
- Mark Castiglione (Capital District Regional Planning Commission)
- Mark Fuller (DePaul)
- Mark Streb (NYS Neighborhood Preservation Coalition)
- Michael Seereiter (Alliance for Inclusion and Innovation)
- Michele O'Connor (Argentum)
- Nancy Williams-Frank (Broome County)
- Nate Storring (Project for Public Spaces)

- Patricia Hernandez (The Corporation for Supportive Housing)
- Randy Klein (Vesta Health Care)
- Rebecca Heller (The Bridge)
- Robyn Haberman (American Association of Retired Persons (American Association of Retired Persons, AARP - New York)
- Ron Roel (American Association of Retired Persons (American Association of Retired Persons, AARP - New York)
- Sarah Ravenhall (NYS Association of County Health Officials)
- Sasha Yerkovich (Canopy of Neighbors)
- Sebrina Barret (Association for Community Living)
- Steve Piasecki (Supportive Housing Network of New York)
- Vicki Been (New York University School of Law)
- William Hamer (Harlem Advocates for Seniors)
- William P. McDonald (American Association of Retired Persons, AARP - New York)
- Karen Nicolson (Center for Elder Law & Justice)

Subcommittee 7: Economic Security

Subcommittee Lead and Co-lead

- Pat Wang (Healthfirst)
- Stephen Berger (Odyssey Partners)

State Agency Council Representatives

- Amir Bassiri (Department of Health)
- Andy Sink (Office of Mental Health)
- Allison Gold (Department of Financial Services)
- Audrey Erazo-Trivino (Office of Mental Health)
- Barbara Guinn (Office for Temporary and Disability Assistance)

- Benjamin Pomerance (Department of Veterans' Services)
- Elizabeth Furth (Department of Labor)
- Jillian Kirby Bronner (Division of the Budget)
- Katie Seaward (Office of Addiction Services and Supports)

Stakeholder Advisory Committee Representatives

- Dennis Rivera (Former Chairman of the Medicaid Redesign Team)
- Dr. Ruth Finkelstein (Brookdale Center for Healthy Aging at Hunter College)

Other Interested Parties

- Allison Cook (Better Aging and Policy Consulting)
- Anita Mattison (Allegany County)
- Barry Kaufmann (NYS Alliance for Retired Americans)
- Colette Phipps (Westchester County Department of Senior Programs and Services)
- Courtney Burke (Rockefeller Institute)
- Denise Shukoff (Lifespan Rochester)
- Diana Caba (Hispanic Federation)
- Dr. Oxiris Barbot (United Hospital Fund)
- Karen Nicholson (Elder Justice NY)
- Erin Killian (Elder Justice NY)
- Fred Riccardi (Medicare Rights Center)
- Ginger Lynch Landy (Argentum)
- Heidi Pasos (Empire State Development - Capital District)
- June Hanrahan (Oneida County)
- Kristen McManus (American Association of Retired Persons, AARP - New York)
- Liz Loewy (Eversafe)

- Maria Alvarez (NY Statewide Senior Action Council)
- Mark Castiglione (Capital District Regional Planning Commission)
- Melinda Mack (New York Association of Training and Employment Professionals)
- Michele O'Connor (Argentum)
- Nancy Dingee (Schoharie County)
- Richard Gottfried (Former NYS Assembly Health Chair)
- Valerie Bogart (NY Legal Assistance Group)

Subcommittee 8: Safety, Security and Technology

Subcommittee Lead and Co-lead

- Raj Mehra (Sage)
- Dr. Ruth Finkelstein (Brookdale Center for Healthy Aging at Hunter College)

State Agency Council Representatives

- Elizabeth Alowitz (Office of Mental Health)
- Elizabeth Cronin (Office of Victims Services)
- Katie Egglefield (Office of Victims Services)
- James Clancy (Office of Emergency Management)
- Heidi Hayes (Department of Health)

Stakeholder Advisory Committee Representatives

- Ann Marie Cook (Lifespan of Greater Rochester)
- Karen Nicolson (Center for Elder Law & Justice)
- Sara Czaja (Center on Aging and Behavioral Research, Weill Cornell Medicine)

Other Interested Parties

- Anthony Lareau (Office of Children and Family Services)
- Azaleea Carlea (Project Guardianship)
- Bob Blancato (Elder Justice Coalition)
- Corey Haertel (Center for Elder Law & Justice)
- Deborah Riitano (Albany County)
- Denise Shukoff (Lifespan Rochester)
- Elvira Fardella-Roveto (St. Mary's Healthcare System for Children)
- Erin Mitchell (American Association of Retired Persons, AARP - New York)
- Ethan Heimowitz (Emerest Connect)
- Jenee Alleman-Goodman (Helen Keller National Center)
- Joan Levenson, Esq. (NYS Unified Court System)
- Lise Hamlin (Hearing Loss Association of America)
- Lisl Maloney (Office of Children and Family Services)
- Liz Loewy (Eversafe)
- Marie Cannon (Erie County)
- Mark Castiglione (Capital District Regional Planning Commission)
- Mary Moller (Albany Guardian Society)
- Nancy Miller (Visions)
- Ruthanne Becker (The Mental Health Association of Westchester Inc.)
- Sabrina Jaar Marzouka (Dutchess County)
- Sarah Duval (Elder Justice NY)
- Sheng Guo (Office of Court Administration)
- Stephanie Lederman (American Federation for Aging Research)
- Steven Dahlberg (Center for Elder Law and Justice)
- Steve Lovi (Empire State Association of the Deaf)

APPENDIX C:

MPA State Agency Council Membership

New York State Department of Health (NYSDOH), Chair
New York State Office for the Aging (NYSOFA), Vice-Chair
Department of Financial Services (DFS)
Department of Labor (DOL)
Department of State (DOS)
Department of Transportation (DOT)
Division of Budget (DOB)
Division of Veterans' Services (DVS)
Empire State Development (ESD)
Faith Based Initiatives – Governor's Office
Governor's Chief Disability Officer
Homes and Community Renewal (HCR)
New York City Department of Aging (NYC Aging)
Office for New Americans (ONA)
Office for People with Developmental Disabilities (OPWDD)
Office for Temporary and Disability Assistance (OTDA)
Office of Addiction Services and Supports (OASAS)
Office of Children and Family Services (OCFS)
Office of Emergency Management (DHSES)
Office of Mental Health (OMH)

Office of Real Property Tax Services (ORPTS)

Office of Victims Services (OVS)

APPENDIX D:

Subcommittee and Workgroup Meetings to Date and Projected through August 2023

Subcommittee/ Workgroup	Meeting Dates											
Economic Security	5/4/23	6/16/23	7/14/23	8/11/23								
Retirement/Long Term Planning & Preparation	6/29/23	7/6/23	7/27/23	8/10/23	8/24/23							
Workplace Engagement	8/3/23	8/17/23	8/31/23									
Benefit and Resource Utilization	6/29/23	7/6/23	7/20/23	8/3/23	8/17/23	8/31/23						
Formal Caregivers	4/25/23	5/18/23	6/8/23	7/13/23	8/10/23							
Recruitment and Training	6/6/23	6/8/23	6/13/23	6/20/23	7/11/23	7/25/23	8/8/23	8/16/23	8/22/23			
Retention, inclusive of Compensation and Benefits and Supports	6/8/23	6/16/23	6/21/23	7/5/23	7/19/23	8/2/23	8/30/23					
Scope of Practice and Structure of Work	6/8/23	6/14/23	6/28/23	7/12/23	8/23/23							
Health and Wellness	5/10/23	6/7/23	7/5/23	8/9/23								
Behavioral health and substance use disorders	6/7/23	6/27/23	7/11/23	7/14/23	7/18/23	7/25/23	8/1/23	8/8/23	8/15/23	8/22/23	8/29/23	
Cognitive Health, Alzheimer's Disease, and other dementias	6/7/23	6/23/23	6/30/23	7/7/23	7/14/23	7/21/23	7/28/23	8/4/23	8/11/23	8/18/23	8/25/23	
Medicare and Medicaid annual wellness and prevention benefits	6/7/23	6/29/23	7/6/23	7/13/23	7/27/23	8/3/23	8/10/23	8/17/23	8/24/23			
Nutrition and Food Insecurity	6/7/23	6/27/23	7/3/23	7/24/23	8/7/23	8/21/23						
Promote and sustain physical and mental health, wellbeing and quality of life including primary	6/7/23	6/23/23	6/30/23	7/7/23	7/14/23	7/21/23	7/28/23	8/4/23	8/11/23	8/18/23	8/25/23	

and secondary prevention and self-management of chronic disease												
Home and Community-Based Services	4/19/23	5/24/23	6/28/23	6/28/23	7/26/23	8/23/23						
Critical Partnerships	5/24/23	6/12/23	6/26/23	6/26/23	7/10/23	7/17/23	7/24/23	7/31/23	8/7/23	8/14/23	8/21/23	8/28/23
In-Community Services	5/24/23	5/30/23	6/6/23	6/13/23	7/11/23	7/18/23	7/25/23	8/1/23	8/15/23	8/22/23	8/29/23	
In-Home Services	5/24/23	6/5/23	6/12/23	6/20/23	7/3/23	7/17/23	7/31/23	8/14/23	8/28/23a			
Housing, Community Development and Transportation	5/2/23	6/14/23	7/12/23	8/9/23								
Housing	6/14/23	6/22/23	6/29/23	7/6/23	7/20/23	8/3/23	8/17/23	8/31/23				
Community Design	6/14/23	6/23/23	6/30/23	7/7/23	7/14/23	7/28/23	8/11/23	8/25/23				
Transportation	6/14/23	6/21/23	7/10/23	7/24/23	8/7/23	8/21/23						
Informal Caregivers	4/26/23	5/19/23	6/9/23	7/14/23	8/11/23							
Caregiver supports	5/26/23	6/2/23	6/9/23	6/16/23	7/7/23	7/14/23	7/28/23	8/11/23	8/25/23			
Kinship caregivers	6/1/23	6/8/23	6/29/23	7/6/23	7/12/23	7/19/23	8/2/23	8/16/23	8/23/23	8/30/23		
Communication Strategies	5/24/23	5/31/23	6/14/23	7/5/23	8/2/23	8/16/23	8/23/23	8/30/23				
Finances	6/13/23	6/20/23	6/27/23	7/5/23	7/18/23	7/25/23	8/1/23	8/4/23	8/8/23	8/15/23	8/22/23	8/29/23
Long-term Services and Supports	5/11/23	6/21/23	7/19/23	8/16/23								
Care Transitions	6/21/23	6/28/23	7/5/23	7/19/23	8/2/23	8/16/23	8/30/23					
End of Life Care	6/27/23	7/11/23	7/18/23	7/28/23	8/1/23	8/8/23	8/15/23	8/22/23	8/29/23			
Equitable Facility Transformation	6/23/23	6/30/23	7/7/23	7/14/23	7/21/23	7/28/23	8/4/23	8/11/23	8/18/23	8/25/23		
Levels of Care	6/27/23	7/11/23	7/18/23	7/25/23	8/1/23	8/8/23	8/15/23	8/22/23	8/29/23			
PACE	6/22/23	7/6/23	7/13/23	7/27/23	8/10/23	8/24/23						
Payor Structure	6/29/23	7/7/23	7/11/23	7/14/23	7/21/23	8/2/23	8/4/23	8/11/23	8/18/23	8/25/23		
System Navigation	8/3/23	8/8/23	8/17/23	8/31/23								

Safety, Security and Technology	5/1/23	6/14/23	7/12/23	8/9/23								
Financial Exploitation, Scams	6/8/23	6/15/23	6/22/23	6/29/23	7/13/23	7/27/23	8/10/23	8/24/23				
Technology	6/1/23	6/8/23	6/15/23	6/22/23	7/6/23	7/20/23	8/3/23	8/17/23	8/31/23			
Abuse (Physical, Sexual, Psychological)	6/13/23	6/20/23	7/18/23	8/1/23	8/15/23	8/29/23						
Guardianship	5/31/23	6/14/23	6/21/23	6/28/23	8/2/23	8/16/23	8/30/23					

DATA DISCLAIMER

Consistent with the goals of this Preliminary Report on the MPA, which represents a snapshot in time of the State's progress on this initiative, all data and graphic visuals are provided for informational purposes only to enhance the reader's experience and visual understanding of the overarching issues discussed.